

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 JAN 10 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H77010

(7)

1. Corporation Name

QUINN & QUINN, INC.

Principal Place of Business

% JANE B. QUINN
425 WEST COLONIAL DRIVE
ORLANDO FL 32804

Mailing Address

% JANE B. QUINN
~~425 WEST COLONIAL DRIVE~~
~~ORLANDO FL 32804~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1985

3a. Date of Last Report

03/23/1994

4. FEI Number

59-2579973

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

5955 MASTERS BLVD.

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

32819

ORANGE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

QUINN, JANE B.
425 WEST COLONIAL DRIVE
ORLANDO FL 32804

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0503, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

DP

2. NAME

QUINN, JANE B.
5955 MASTERS BLVD
ORLANDO FL

3. STREET ADDRESS

4. CITY, ST. ZIP

5. NAME

DV

6. NAME

QUINN, EDWARD H.
5955 MASTERS BLVD
ORLANDO FL

7. STREET ADDRESS

8. CITY, ST. ZIP

9. NAME

10. STREET ADDRESS

11. CITY, ST. ZIP

12. NAME

13. STREET ADDRESS

14. CITY, ST. ZIP

15. NAME

16. STREET ADDRESS

17. CITY, ST. ZIP

18. NAME

19. STREET ADDRESS

20. CITY, ST. ZIP

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST. ZIP

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, ST. ZIP

9. NAME

10. STREET ADDRESS

11. CITY, ST. ZIP

12. NAME

13. STREET ADDRESS

14. CITY, ST. ZIP

15. NAME

16. STREET ADDRESS

17. CITY, ST. ZIP

18. NAME

19. STREET ADDRESS

20. CITY, ST. ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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SIGNATURE:

Jane B. Quinn JANE B. QUINN 1/9/95

407-841-8855

Signature and typed name of signing officer or director