

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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
5955 MASTERS BLVD.
ORLANDO FL 32819
US

2. Principal Place of Business

2a. Mailing Address

21 5955 MASTERS BLVD.

26

State, Apt. #, etc.

State, Apt. #, etc.

22

City & State

27

City & State

23

ORLANDO, FLORIDA

28

City

24

32819

25

Country

29

City

30

Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

09/16/1985

3a. Date of Last Report

01/10/1995

4. FEI Number

59-2579973

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

X

Yes

□ No

10. Name and Address of New Registered Agent

81

Name

82

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

5955 MASTERS BLVD.

83

84

City

ORLANDO

FL

85 Zip Code

32819

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person changing the information on page 12 or 13

Signature of person changing the information on page 13

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

DP
QUINN, JANE B.
5955 MASTERS BLVD
ORLANDO FL
DV
QUINN, EDWARD H.
5955 MASTERS BLVD
ORLANDO FL

□ DELETE

□ DELETE

□ DELETE

□ DELETE

□ DELETE

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

□ Change □ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if applicable, or on an additional written address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward H. Quinn

1/16/96

407-876-3553

CR2E034 (12/95)