

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J07776 (4)  
1. Corporation Name  
M. L. QUISENBERRY CONSTRUCTION, INC.

Principal Place of Business

P O BOX 12307-2307  
PO BOX 123072307  
TALLAHASSEE FL 32317-9307

Mailing Address

P O BOX 12307-2307  
PO BOX 123072307  
TALLAHASSEE FL 32317

FILED

97 MAY 20 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 P.O. Box 12307  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 12307  
Suite, Apt. #, etc.

City & State

23 Tall., FL  
Zip 32317-2307 Country Leon

City & State

28 Tall., FL  
Zip 32317-2307 Country Leon

9. Name and Address of Current Registered Agent

QUISENBERRY, MICHAEL L.  
2894 REMINGTON GREEN C  
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified

04/07/1986

3a. Date of Last Report

04/02/1996

4. FEI Number

59-2669415

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$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

☒ Yes ☐ No

10. Name and Address of New Registered Agent

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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME QUISENBERRY, MICHAEL L.  
STREET ADDRESS 2149 SANDPIPER CRT.  
CITY- ST- ZIP TALLAHASSEE FL

TITLE STD ☐ DELETE

NAME QUISENBERRY, SHARON H.  
STREET ADDRESS 2149 SANDPIPER CRT.  
CITY- ST- ZIP TALLAHASSEE FL

TITLE D ☐ DELETE

NAME HODGES, MARY MARGARET O.  
STREET ADDRESS 1581 CLIFFORD HILL RD.  
CITY- ST- ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5.16.97

Date

904-386-6560

Daytime Phone #

CR2E034 (9/96)