

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J07776

1. Corporation Name

M. L. QUISENBERRY CONSTRUCTION, INC.

Principal Place of Business

P O BOX 12307
TALLAHASSEE FL 32317-2307

Mailing Address

P O BOX 12307
TALLAHASSEE FL 32317-2307

2. Principal Place of Business

21 211 John Knox Rd.
Suite, Apt. #, etc.
22 109

2a. Mailing Address

26 PO Box 12307
Suite, Apt. #, etc.
27

City & State

23 Tall., Fl.

City & State

28 Tallahassee Fl.

Zip

24 32303

Country

25 USA

Zip

29 32317
30 32307

Country

30 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

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 owes the current year Intangible
Personal Property Tax.

☒ 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 Michael L. Quisenberry

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

(NOTE: Registered Agent signature required when reinstating)

3.26.99

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
QUISENBERRY, MICHAEL L.
1808 OX BOTTOM LN
TALLAHASSEE FL 32312

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STD
QUISENBERRY, SHARON H.
1808 OX BOTTOM LN
TALLAHASSEE FL 32312

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
HODGES, MARY MARGARET Q.
1581 CLIFFORD HILL RD.
TALLAHASSEE FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

32308

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.26.99 1.850.386.6560
Date Daytime Phone #

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90015 012 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034(1/98)