

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:15

DOCUMENT # J12407 (9)

1. Corporation Name
QUILTER'S RULE, INC.

Principal Place of Business
2322 NE 29 AVE
OCALA FL 34470
US

Mailing Address
2322 NE 29 AVE
OCALA FL 34470
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/01/1986

3a. Date of Last Report
01/25/1994

4. FEI Number
59-2730181

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 § 199.03?
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent
GALL, BETTY P.
2322 NE 29TH AVE.
OCALA FL 34470

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 607.0503, Florida Statutes.

SIGNATURE

Signature of the person named as registered agent and the applicable

NOTE: The Street Agent (registered agent) when including

12. OFFICERS AND DIRECTORS

TITLE PD
NAME GALL, BETTY P.
STREET ADDRESS 2322 NE 29 AVE
CITY ST ZIP Ocala FL 34470

TITLE STD
NAME GALL, TIMOTHY W.
STREET ADDRESS 2322 NE 29 AVE
CITY ST ZIP Ocala FL 34470

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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NAME
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CITY ST ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE ☐ Change ☐ Addition

15 NAME

16 STREET ADDRESS

17 CITY ST ZIP

18 TITLE ☐ Change ☐ Addition

19 NAME

20 STREET ADDRESS

21 CITY ST ZIP

22 TITLE ☐ Change ☐ Addition

23 NAME

24 STREET ADDRESS

25 CITY ST ZIP

26 TITLE ☐ Change ☐ Addition

27 NAME

28 STREET ADDRESS

29 CITY ST ZIP

30 TITLE ☐ Change ☐ Addition

31 NAME

32 STREET ADDRESS

33 CITY ST ZIP

34 TITLE ☐ Change ☐ Addition

35 NAME

36 STREET ADDRESS

37 CITY ST ZIP

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 199.02(6)(a), 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 1207, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty P. Gall BETTY P. GALL 2-21-95 (904) 368-9070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR