

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

FILED

Apr 22 1997 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # J31322 (7)

1. Corporation Name  
JOHN E. QUIGG ACCOUNTANT, P.A.

|   |  |
|---|--|
| Principal Place of Business<br>6011 HYDE PARK CIRCLE<br>JACKSONVILLE FL 32210 | Mailing Address<br>6011 HYDE PARK CIRCLE<br>JACKSONVILLE FL 32210-1315 |
|---|--|



|  |                  |   |             |   |                  |  |             |
|--|------------------|---|-------------|---|------------------|--|-------------|
| 2. Principal Place of Business   |                  | 2a. Mailing Address   |             | 3. Date Incorporated or Qualified<br>08/29/1986 |                  | 3a. Date of Last Report<br>04/19/1996  |             |
| 21. Suite, Apt. #, etc.  | 22. City & State | 23. Zip   | 24. Country | 25. Suite, Apt. #, etc.                         | 26. City & State | 27. Zip  | 28. Country |
| 29. Name and Address of Current Registered Agent   |                  | 30. Name and Address of New Registered Agent  |             | 4. FEI Number<br>59-2717816                     |                  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |             |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |                  | 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |             |   |                  |  |             |

QUIGG, NADINE C.  
6011 HYDE PARK CIRCLE  
JACKSONVILLE FL 32210

|                |  |              |           |              |
|----------------|--|--------------|-----------|--------------|
| 81. Name       | 82. Street Address (P.O. Box Number is Not Acceptable) | 83. City     | 84. State | 85. Zip Code |
| Quigg, John E. | 6011 Hyde Park Circle                                  | JACKSONVILLE | FL        | 32210        |

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: John E. Quigg, John E. Quigg DATE: Apr 12, 1997

|                            |                                     |   |   |
|----------------------------|-------------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
| TITLE                      | PTD <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | QUIGG, JOHN E.                      | 1.2 NAME  |   |
| STREET ADDRESS             | 6011 HYDE CIRCLE                    | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | JACKSONVILLE FL                     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 2.2 NAME  |   |
| STREET ADDRESS             |                                     | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 3.2 NAME  |   |
| STREET ADDRESS             |                                     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME  |   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME  |   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE     | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 6.2 NAME  |   |
| STREET ADDRESS             |                                     | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                     | 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)