

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 1 11 31

DOCUMENT # **J39434** (2)
1. Corporation Name
OLD WORLD TREASURE QUEST INC.

Principal Place of Business Mailing Address
P.O. BOX 417 P.O. BOX 417
MIDDLEBURG FL 32068 MIDDLEBURG FL 32068

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 4153 DOWLING RD.		26 PO Box 417		10/27/1986	04/14/1994
22 Suits, Apt #, etc.		27 Suits, Apt #, etc.		4. FEI Number	Applied For
23 MIDDLEBURG FL.		28 MIDDLEBURG FL.		59-2740761	Not Applicable
24 32068		25 @USA		29 32050	30 USA
5. Certificate of Status Desired				8. This corporation has liability for intangible tax under § 199.032, Florida Statutes	
<input checked="" type="checkbox"/> \$8.75 Additional Fee Required				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. Election Campaign Financing Trust Fund Contribution				\$5.00 May Be Added to Fees	
<input type="checkbox"/>					

9. Name and Address of Current Registered Agent

POPE, CHARLES D.
4153 DOWLING RD
MIDDLEBURG FL 32068-0417

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____
Separate typed or printed name of registered agent and title of signatory. (If FEI Registered Agent signature required when filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT POPE, CHARLES D.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2648 HENLEY RD.	1.2 NAME	
STREET ADDRESS	GREENLOVE SPGS. FL	1.3 STREET ADDRESS	
CITY ST ZIP		1.4 CITY ST ZIP	
TITLE	VPS POPIN, JOHN S.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14 GRANT ST.	2.2 NAME	
STREET ADDRESS	ST. AUGUSTINE FL	2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE	VPL ELLIOTT, RALPH E.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3571 COUNTY RD 218 EAST	3.2 NAME	
STREET ADDRESS	MIDDLEBURG FL	3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		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		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Charles D. Pope - CHARLES D. POPE 24 MAY 95 904-282-6279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR