

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
 95 JUL 11 AM 9:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # J74168 (2)

1. Corporation Name
QUAM & CO., INC.

| | |
|--|--|
| Principal Place of Business COY BURGESS & 331 DEFUNIAK SPRINGS FL 32433 US | Mailing Address P. O. BOX 607 DEFUNIAK SPRINGS FL 32433 US |
|--|--|

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/22/1987 | 3a. Date of Last Report 01/20/1994 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 1683 VINE AVENUE Suite, Apt. #, etc. 22 | 2a. Mailing Address 26 1683 VINE AVENUE Suite, Apt. #, etc. 27 |
| City & State 23 Niceville FL | City & State 28 Niceville FL |
| Zip 24 32578 | Country 25 OKaloosa |
| Zip 29 32578 | Country 30 OKaloosa |

| | |
|---|--|
| 4. FEI Number 59-2819922 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. This corporation has liability for intangible tax under s. 199.022, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**QUAM, ROBERT K.
 COY BURGESS & U.S. 331
 DEFUNIAK SPRINGS FL 32433**

10. Name and Address of New Registered Agent

| | |
|---|-------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 1683 VINE AVENUE |
| 83 | |
| 84 City | Niceville FL |
| 85 Zip Code | 32578 |

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 Robert K. Quam **Robert K. Quam** DATE **6-30-95**

12. OFFICERS AND DIRECTORS

| | |
|-----------------|----------------------------|
| TITLE | DP |
| NAME | QUAM, ROBERT K. |
| STREET ADDRESS | RT. 1, BOX N 633 |
| CITY - ST - ZIP | DEFUNIAK SPRINGS FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|---------------------------|--|
| 1.1 TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Quam, Robert K. | |
| 1.3 STREET ADDRESS | 1683 Vine Avenue | |
| 1.4 CITY - ST - ZIP | Niceville FL 32578 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 checked, or on an attachment with an address.

SIGNATURE: Robert K. Quam DATE **6-30-95** **904 678 3956**

CR2E034 (3/95)