

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 AUG 28 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K53243 (7)

1. Corporation Name

QUINSTONE INDUSTRIES, INC.

Principal Place of Business

Mailing Address

% MICHAEL P. BIST  
1300 THOMASWOOD DRIVE  
TALLAHASSEE FL 32312

% MICHAEL P. BIST  
1300 THOMASWOOD DRIVE  
TALLAHASSEE FL 32312

3. Date Incorporated or Qualified  
12/22/1988

3a. Date of Last Report  
01/31/1995

4. FEI Number

59-2924188

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 s. 199.032,  
Florida Statutes

☒

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIST, MICHAEL P.  
1300 THOMASWOOD DRIVE  
TALLAHASSEE FL 32312

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
DPS  
WITZLEBEN, EUGENE AMADEE  
STREET ADDRESS  
1112 W. KING ST.  
CITY-ST-ZIP  
QUINCY FL

☒ DELETE

TITLE  
NAME  
DPS  
ARTHUR CAHOON  
STREET ADDRESS  
1200 RIVERPLACE BLVD. SUITE 902  
CITY-ST-ZIP  
JACKSONVILLE, FL.

☐ Change ☒ Addition

TITLE  
NAME  
DT  
LEWIS, JOHN R.  
STREET ADDRESS  
401 E. VIRGINIA ST.  
CITY-ST-ZIP  
TALLAHASSEE FL

☒ DELETE

TITLE  
NAME  
21  
22  
STREET ADDRESS  
23  
CITY-ST-ZIP  
24

☐ Change ☐ Addition

TITLE  
NAME  
D  
RADEY, JOHN A.  
STREET ADDRESS  
101 N. MONROE ST. #1000  
CITY-ST-ZIP  
TALLAHASSEE FL

☒ DELETE

TITLE  
NAME  
31  
32  
STREET ADDRESS  
33  
CITY-ST-ZIP  
34

☐ Change ☐ Addition

TITLE  
NAME  
DV  
BISCHOFF, ROBERT K.  
STREET ADDRESS  
1112 W KING ST  
CITY-ST-ZIP  
QUINCY FL

☐ DELETE

TITLE  
NAME  
41  
42  
STREET ADDRESS  
43  
CITY-ST-ZIP  
44

☐ Change ☐ Addition

TITLE  
NAME  
☐ DELETE

TITLE  
NAME  
51  
52  
STREET ADDRESS  
53  
CITY-ST-ZIP  
54

☐ Change ☐ Addition

TITLE  
NAME  
☐ DELETE

TITLE  
NAME  
61  
62  
STREET ADDRESS  
63  
CITY-ST-ZIP  
64

☐ Change ☐ Addition

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)(k), 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 its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Arthur Cahoon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 21, 1996 (904)393-9020

CR2E034 (3/96)