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**Jan 21 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # K75834 (7)

1. Corporation Name:
JAY QUIGLEY INC.



Principal Place of Business: **% JAY QUIGLEY
1075 GULF OF MEXICO DR. #101
LONGBOAT KEY FL 34228
US**

Mailing Address: **1075 GULF OF MEXICO DR.
#101
LONGBOAT KEY FL 34228-3633
US**

3. Date Incorporated or Qualified: **03/22/1989** 3a. Date of Last Report: **01/30/1996**

4. FEI Number: **65-0106182** 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: **21** 2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

City & State: **23** City & State: **28**

Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent:
**QUIGLEY, JAY
1075 GULF OF MEXICO DR., #101
LONDBOAT KEY FL 34228**

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: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE

NAME: **QUIGLEY, JAY**

STREET ADDRESS: **1075 GULF OF MEXICO DR., #101**

CITY-ST-ZIP: **LONGBOAT KEY FL**

TITLE: _____ DELETE

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

TITLE: _____ DELETE

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

TITLE: _____ DELETE

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

TITLE: _____ DELETE

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **D/P** Change Addition

1.2 NAME: _____

1.3 STREET ADDRESS: _____

1.4 CITY-ST-ZIP: _____

2.1 TITLE: **D/S** Change Addition

2.2 NAME: **BONNIE R. QUIGLEY**

2.3 STREET ADDRESS: **1075 Gulf of Mexico Dr., #101**

2.4 CITY-ST-ZIP: **Longboat Key, FL 34228**

3.1 TITLE: _____ Change Addition

3.2 NAME: _____

3.3 STREET ADDRESS: _____

3.4 CITY-ST-ZIP: _____

4.1 TITLE: _____ Change Addition

4.2 NAME: _____

4.3 STREET ADDRESS: _____

4.4 CITY-ST-ZIP: _____

5.1 TITLE: _____ Change Addition

5.2 NAME: _____

5.3 STREET ADDRESS: _____

5.4 CITY-ST-ZIP: _____

6.1 TITLE: _____ Change 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Jay Quigley* **Jay Quigley** 01/14/97 941-387-0333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)