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

PROFIT CORPORATION ANNUAL REPORT

1999

JAY QUIGLEY, P.A.

DOCUMENT # K75834

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90017 003 ***150.00



Principal Place	e of Business	Mailing	Address				P JARIANIE ALL 1900 I ALEX I PRINT CIGIL GIAL GIAL A	1431 81811 418	() 8(8)(8(8)) (88)
% JAY QUIGLEY 1075 GULF OF MEXICO DR.									
	MEXICO DR., #101	#101					DO NOT WRITE IN THIS SPACE		
LONGBOAT KE	Y FL 34228		LONGBOAT KEY FL 34228 US				3. Date Incorporated or Qualifed		
U3		UU					03/22/1989		
2. Principal Place of Business 2a. Mailing Address						 -	4. FEI Number		Applied For
21		26					65-0106182	,	Not Applicable
Suite, Apt.	#, etc		e, Apt.:#,-etc	-	-			\$8.75	Additional
22		27	•				5. Certificate of Status Desired	Fee	Required
City & State			City & State			 :	6. Election Campaign Financing \$5.00 May Be		
23		28					Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip		Coun	try		8. This corporation owes the current year Int		
24	25	29	30)			Personal Property Tax.	Yes	□No
	9. Name and Address of Curren	t Registered	d Agent		81	Name	10. Name and Address of New Registered	Agent	
QUIGLEY, JAY 1075 GULF OF MEXICO DR., #101					۱"	Name			
					82	Street Address (P.O. Box Number is Not Acceptable)			İ
LONDBOAT KEY FL 34228					83				
rd				1					
£.	-			[84	City	FL	85 Zi	p Code
44 Durquont	to the provisions of Sections 607 050	2 and 607 15	508 Florida Statutes	the ab	OVE-	named co	rogration submits this statement for the purpose of	changing	its registered
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.									
agent. I a	m tamiliar with, and accept the obliga	tions of, Sec	110n 607.0505, Florid	a Statu	ies.				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if appli	cable. (NOTE: Re	egistered A	Agent 6	signature requi	ired when reinstating) DAYE		
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIREC	TORS IN 12
TITLE	DP		☐ DELETE	1.1 TITL	.E			☐ Chang	e Addition
NAME	QUIGLEY, JAY			1.2 NAM	ИĖ		•		1
STREET ADDRESS	1075 GULF OF MEXICO DR., #	#101		1.3 STR	REETA	ODRESS			
CITY-ST-ZIP	Longboat Key FL			1.4 CIT	Y-ST-	ZIP			
TITLE	DS		☐ DELETE	2,1 ΠΤ	Æ	İ		☐ Chang	ge Addition
NAME	QUIGLEY, BONNIE R			2.2 NA	ME		•		
STREET ADDRESS	1075 GULF OF MEXICO DRIVE	, #101		2.3 STR	REETA	DDRESS	And the second s		- ~ .
CITY-ST-ZIP	LONGBOAT KEY FL			2, 4 CIT		ZIP	<u> </u>	~	Addition
TITLE			☐ DELETE	3.1 ΤΠ			•	Chang	ge Addition
NAME				3.2 NA					
STREET ADDRESS						ADDRESS			<u> </u>
CITY-ST-ZIP			□ eciete	3,4, CIT		-ZIP		[] Chang	e Addition
TITLE			☐ OELETE .	4.1 TITU				Griding	,
NAME				4. 2 NA					
STREET ADDRESS						ODRESS			
CITY-ST-ZIP			DELETE	4.4 CfT 5.1 TITL		AP		Chang	e Addition
TITLE				5.2 NA					
NAME						ADDRESS			· \
STREET ADDRESS				5,4 CIT		ſ			
CITY-ST-ZIP TITLE			☐ DELETE	6.1 TITL				Chang	ge Addition
NAME				6.2 NAM		[.	•		
						ADORESS	•		
STREET ADDRESS									

14. I 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, with all other like empowered.

SIGNATURE: