

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L03742

(8)

1. Corporation Name

QUEST NETWORK, INC.

Principal Place of Business

242 FALCON DRIVE
FOREST PARK GA 30050-1802
US

Mailing Address

242 FALCON DR
FOREST PARK GA 30050
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0145778

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 30297

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

DEWITT, RICHARD J
1113 CASTLE AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 time if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DP
STREET ADDRESS DEWITT, RICHARD J
CITY-ST-ZIP 242 FALCON DRIVE
FOREST PARK GA 30050-1802

TITLE ☐ DELETE
NAME ST
STREET ADDRESS LOWTHERS, JR. B
CITY-ST-ZIP 242 FALCON DRIVE
FOREST PARK GA 30050-1802

TITLE ☒ DELETE
NAME AS
STREET ADDRESS CONKLE, DONALD H., JR.
CITY-ST-ZIP 242 FALCON DRIVE
FOREST PARK GA 30050-1802

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 ☐ Change ☐ Addition
1.2 NAME 000002249250--8
1.3 STREET ADDRESS -07/28/97--01086--010
1.4 CITY-ST-ZIP *****8.75 *****8.75

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 000002249250--8
2.3 STREET ADDRESS -07/28/97--01086--011
2.4 CITY-ST-ZIP *****550.00 *****550.00

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

SIGNATURE REQUIRED

FILED
97 JUL 28 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)