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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L34655

(5)

QUINBY DEVELOPMENT CORPORATION

ION ION

Mailing Address

## FILED May 13 1997 8:00am Secretary of State

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3800 NORTH AIRPORT ROAD NAPLES FL 33942		3800 NORTH AIRPORT ROAD NAPLES FL 34105-2500				
				3. Date Incorporated or Qualified 12/07/1989	3a. Date of Last R 03/20/1996	eport
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Ap	plied For
21		26 3785 N. A. Suite, Apt. #, etc.	rport Rd	65-0160500	No	t Applicable
Suite, Apt. #. etc. 22		27	-	5. Certificaté of Status Desired	\$8.75 A	
City & Sta 23		City & State  28 NAPles, F	Market Street, and a street, a	Election Campaign Financing     Trust Fund Contribution	\$5.00 Added t	
Ζιρ <b>24</b>	Country 25	Zip 29 34105	Country 30 Collies		Yes 🔀 No	. 199.032,
·····	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Reg	pistered Agent	
37 <b>8</b> 5 <del>38</del> 0	INBY, CLYDE C. <del>O-</del> AIRPORT ROAD NORTH PLES FL 8 <del>3942</del> ・3 チャップ		<ul> <li>81 Name</li> <li>82 Street Add</li> <li>83</li> <li>84 City</li> </ul>	dress (P.O. Box Number is Not Acceptabl		Code
11. Pursuan office or agent I				rporation submits this statement for the pu ation's board of directors. I hereby accep		s registered registered
	Signature: typed or proted name of registered ac		Registered Agent signature requ		DATE	
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
HILE	1 * *	☐ DELETE	1.1 TITLE		Change	Addition
NAM!	QUINBY, CLYDE C.		1.2 NAME			
	AAAA NI AIDDORT BOAD					
STREET ADDRESS	-9800 N. AIRPORT ROAD		13 STREET ADDRESS			
STREET ADDRESS CITY+S1+7IP	NAPLES FL 34/05	Drien	1 3 STREET ADDRESS 1.4 City - St - Zip			
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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 it 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 AND TYPEO OR PRINTED NAME OF SENSING OFFICER OR DIRECTOR

4-29-97

941-261-1166 Davine Phone #