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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90139 043 ***150.00

DOCUMENT #	134655

1. Corporation Name

QUINBY,	Country 25 Name and Address of Currer CLYDE C.	Mailing Address 3785 N AIRPORT RD NAPLES FL 34105 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 nt Registered Agent	Cou			DO NOT WRITE 3. Date Incorporated or Qualifed 12/07/1989 4. FEI Number 65-0160500 5. Certificate of Status Desired	IN THIS	SPACE Ap	plied For of Applicable
2. Principal Place of 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 9. QUINBY, 3785 AIR	Country 25 Name and Address of Currer	NAPLES FL 34105 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	_			3. Date Incorporated or Qualifed 12/07/1989 4. FEI Number 65-0160500		Ap	t Applicable
2. Principal Place of 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 QUINBY, 3785 AIR	Country 25 Name and Address of Currer CLYDE C.	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	_			3. Date Incorporated or Qualifed 12/07/1989 4. FEI Number 65-0160500		Ap	t Applicable
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City & State Zip QUINBY, 3785 AIR	Country 25 Name and Address of Currer CLYDE C.	City & State 28 Zip 29	_			5. Centificate of Status Desired			Additional
City & State 2ip 2ip 9. QUINBY, 3785 AIR	Name and Address of Currer	28 Zip 29	_			5. Certificate of Status Desired		Fee Re	quired
Zip 9. QUINBY, 3785 AIR	Name and Address of Currer	Zip 29	_			6. Election Campaign Financing		\$5.00	May Be
Zip 9. QUINBY, 3785 AIR	Name and Address of Currer	29	_			Trust Fund Contribution		Added t	o Fees
QUINBY, 3785 AIR	Name and Address of Currer CLYDE C.		30	intry		8. This corporation owes the current	t year Inta		\mathcal{L}
QUINBY, 3785 AIR	CLYDE C.	nt Registered Agent	[30]			Personal Property Tax.		☐Yes	 IINo
3785 AIR						10. Name and Address of New Reg	gistered <u>A</u>	gent	
3785 AIR				81	Name				
				82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
NAPLES	PORT RD NORTH						····		_
	FL 34105			83			•		
				84	City			85 Zip (Code
					- 1	oration submits this statement for the pu	FL		
12.	ture, typed or printed name of registered age OFFICERS AN	ND DIRECTORS	13.	i Ageii	it signature required	ADDITIONS/CHANGES TO OFFIC	DATE CERS AN		
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NAME QU	JINBY, CLYDE C.		1.2 NA	AME					
STREET ADDRESS 380	00 N. AIRPORT ROAD		1.3 ST	TREET	FADDRESS				
CITY-ST-ZIP NA	APLES FL		1.4 CF	TY-\$1	T-ZIP				
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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.