

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 PM 2:27

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L79642

(9)

1. Corporation Name

QUAILWOOD, INC.

Principal Place of Business

**% THOMAS E. HALL
5440 ALLIGATOR LAKE ROAD
ST. CLOUD FL 34772**

Mailing Address

**% THOMAS E. HALL
5440 ALLIGATOR LAKE ROAD
ST. CLOUD FL 34772**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/08/1990

3a. Date of Last Report

04/22/1994

4. FEI Number

59-3056159

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**HALL, THOMAS E.
5440 ALLIGATOR LAKE ROAD
ST. CLOUD FL 34772**

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 the filer (applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	HALL, THOMAS E.
STREET ADDRESS	5440 ALLIGATOR LK RD.
CITY - ST - ZIP	ST. CLOUD FL
TITLE	DS
NAME	YEASEL, FRANK E.
STREET ADDRESS	5440 ALLIGATOR LK RD.
CITY - ST - ZIP	ST. CLOUD FL
TITLE	VP
NAME	YEASEL, BARBARA E.
STREET ADDRESS	5440 ALLIGATOR LK RD
CITY - ST - ZIP	ST. CLOUD FL
TITLE	T
NAME	HALL, GLENDA D.
STREET ADDRESS	5440 ALLIGATOR LK RD
CITY - ST - ZIP	ST. CLOUD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 recorder 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:

Frank Yeasel, Frank Yeasel, Secretary 4-22-95 (407) 892-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number