

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
06/08/1990

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3056159

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 or other agent

Signature, typed or printed name, of registered agent or other agent

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
HALL, THOMAS E.
STREET ADDRESS
5440 ALLIGATOR LK RD.
CITY-ST-ZIP
ST. CLOUD FL

TITLE ☐ DELETE

NAME
YEASEL, FRANK E.
STREET ADDRESS
5440 ALLIGATOR LK RD.
CITY-ST-ZIP
ST. CLOUD FL

TITLE ☐ DELETE

NAME
YEASEL, BARBARA E.
STREET ADDRESS
5440 ALLIGATOR LK RD
CITY-ST-ZIP
ST. CLOUD FL

TITLE ☐ DELETE

NAME
HALL, GLENDA D.
STREET ADDRESS
5440 ALLIGATOR LK RD
CITY-ST-ZIP
ST. CLOUD FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK YEASEL, SEC. 4/22/96 407/892-4400

CR2E034 (12/95)