FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M80607** **(8)**

1. Corporation Name
QUAILS BLUFF, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
400 EAST SOUTH ST. STE. 500 ORLANDO FL 32801	400 EAST SOUTH ST. STE. 500 ORLANDO FL 32801

3. Date Incorporated or Qualified: **05/12/1988**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **59-2895530** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BOURNE, ROBERT A
400 EAST SOUTH STREET
SUITE 500
ORLANDO FL 32801

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	C/D ☒ Change ☐ Addition
NAME	SENEFF, JAMES M., JR.	12 NAME	SENEFF, JAMES M. JR.
STREET ADDRESS	400 EAST SOUTH ST. #500	13 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500
CITY-ST-ZIP	ORLANDO FL 32801	14 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	DST	21 TITLE	P/T/D ☒ Change ☐ Addition
NAME	BOURNE, ROBERT A	22 NAME	BOURNE, ROBERT A.
STREET ADDRESS	400 EAST SOUTH ST. #500	23 STREET ADDRESS	400 EAST SOUTH STREE, SUITE 500
CITY-ST-ZIP	ORLANDO FL 3	24 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE		31 TITLE	S ☐ Change ☒ Addition
NAME		32 NAME	ROSE, LYNN E.
STREET ADDRESS		33 STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500
CITY-ST-ZIP		34 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: _____ ROBERT A. BOURNE 03/01/95 (407)422-1574
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

CR