

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  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90057 033 \*\*\*150.00

DOCUMENT # M96972

1. Corporation Name

QUAKER MEADOWS, INC.

Principal Place of Business

P. O. BOX 4080  
VERO BEACH FL 32964

Mailing Address

P. O. BOX 4080  
VERO BEACH FL 32964

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1988

4. FEI Number

65-0073187

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 1717 Indian River Blvd.

Suite, Apt. #, etc.

22 Suite 300

City & State

23 Vero Beach FL

Zip

Country

24 32960

25 USA

2a. Mailing Address

26 1717 Indian River Blvd.

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Vero Beach FL

Zip

Country

29 32960

30 USA

9. Name and Address of Current Registered Agent

BRADSHAW, CHARLES J.  
500 AZALEA LANE  
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

Louis L. Schlitt

82 Street Address (P.O. Box Number is Not Acceptable)

1717 Indian River Blvd.

83 Suite 300

84 City

Vero Beach

FL

85 Zip Code

32960

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE

NAME BRADSHAW, CHARLES J.

STREET ADDRESS 500 AZALEA LANE

CITY-ST-ZIP VERO BEACH FL

TITLE ST ☒ DELETE

NAME HOLDERMAN, ELIZABETH H.

STREET ADDRESS 500 AZALEA LANE

CITY-ST-ZIP VERO BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P

☐ Change

☒ Addition

1.2 NAME

Louis L. Schlitt

1.3 STREET ADDRESS

1717 Indian River Blvd Suite 300

1.4 CITY-ST-ZIP

Vero Beach FL 32960

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

(561) 567-1188

Daytime Phone #

CR2E034 (11/98)

05/02/05