	OR BEFORE 8/7/96: \$61.25 (IF DISSON NPROFIT	FLORIDA DEPARTM			•
CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS					
DOCUN 1. Corporation	MENT # N298 3	32 (5)·			
QUIGL	EY HOUSE, INC.			h inaminer den riona bande handa bend	ANDA ANDAK BASKI BADIK BADIK BASKA BIDIK SODI
Principal Place	of Business	Mailing Address			
P.O. BOX 142 ORANGE PARI		P.O. BOX 142 ORANGE PARK FL 32067			
				 Date Incorporated or Qualified 12/21/1988 	3a. Date of Last Report 06/21/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2935027	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
12	· · · · · · · · · · · · · · · · · · ·	27 City & State			Fee Required
City & State		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for in Florida Statutes	itangible tax under s 199.032, Yes No
4	9. Name and Address of Current		<u> </u>	10. Name and Address of New Reg	<u> </u>
1600 F 200 W.	EDWARD L. IRST UNION BLDG. FORSYTH ST.		82 Street Add	dress (P.O. Box Number is Not Acceptable	
JACKS	ONVILLE FL 32202		64 City		FL 85 Zip Code
alian area	o the provisions of Sections 617.0502 egistered agent, or both, in the State on Infamiliar with, and accept the obliga	of Elorida. Ruch change was suth	varizad hu tha carnara	poration submits this statement for the putition's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
SIGNATURE _	Signature, typed or printed name of registered ager	nt and title if applicable (NOTE: F	Registered Agent signature requ	uired when reinstating)	DATE
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP Crenshaw, Kristina M	DELETE	1.1 TITLE 1.2 NAME		Change Addition
NAME STREET ADDRESS	1726 KINGSLEY AVE S12		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY - ST - ZIP		
TITLE	DV	DELETE	21 TITLE		Change Addition
NAME	SEVETZ, TUDY		2.2 NAME		
STREET ADDRESS	178 CEDAR RUN DR ORANGE PARK FL		2.3 STREET ADDRESS 2 4 CITY - ST - ZIP		
CITY-ST-ZIP TITLE	DS DS	⋈ DELETE	3.1 TITLE	DS	Change Addition
NAME	MAYZELL, CYNTHIA	-	3.2 NAME	Paula Jesberg	•
STREET ADDRESS	779 ENNIS DR		3.3 STREET ADDRESS	1688 Crescent Cove Ct.	
CITY-ST-ZIP	ORANGE PARK FL	Libratio	3.4. CITY - ST - ZIP	Orange Park, Fl.	32073 Change Addition
TITLE NAME	DT Ku <i>z</i> el, Cindy	DELETE	4.1 TITLE 4.2 NAME		C change C Manusia
STREET ADDRESS	1734 KINGLSEY AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		4.4 CITY - ST - ZIP		
TITLE	D	DELETE	5.1 TITLE	•	Change Addition
NAME	STUDDARD, CAROL		5.2 NAME		
STREET ADDRESS	965 SANDPIOPER LANE ORANGE PARK FL		5.3 STREET ADDRESS		•
CITY - ST - ZIP		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	- · · .	Change Addition
TITLE	D	1 PO OCCUTE	0.1 (1) CC	D	

SIRRET ADDRESS 1608 COLONIAL DR 62 NAME PORTY PARK FL 63 STREET ADDRESS 750 Spinnakers Reach 64 CITY-ST-ZIP PORTY that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(5)(x); 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

| Signature Alony From Printed Name of Signing Officer or Director
| Date | Da