FILE NOW: FILING FEE IS \$61.25 ONPROFIT CORPORATION,

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

(5)

QUIGLEY HOUSE, INC.

ANNUAL REPORT 1998

LILED								
Feb 17 1998 8:00am								
Secretary of State								

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Principal Place of Business Mailing Address			T CABLIFIER OF STATES AND SECTION STATES OF THE STATES OF STATES O			
P.O. BOX 142 ORANGE PARK FL 32067	P.O. BOX 142 ORANGE PARK FL 32067		3. Date Incorporated or Qualified 12/21/1988			
			4. FEI Number 59-2935027	Applied For Not Applicable		
Principal Place of Business	2a. Malling Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State	City & State		7. Is this nonprofit corporation a homeowners association? Yes \(\subseteq \text{No} \)			
Zip Country 25	29 30	untry	This corporation owes or has paid the corporation owes or has paid the corporation owes or has paid the corporation.	urrent year Intangible Yes No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
WELLY FOWAGO		81 Name				
KELLY, EDWARD L. 1600 FIRST UNION BLDG.		82 Street Ad	Idress (P.O. Box Number is Not Acceptable)			
200 W. FORSYTH ST.		63				
JACKSONVILLE FL 32202		84 City		85 Zip Code		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 ai	m tamiliar with, and accept the obligations of	, Section 617.0503, Fig	noa Statutes.			
SIGNATURE _	Signature, typed or printed name of registered agent and title	If applicable. (NOTE	Registered Agent signature	required when reinstating) DAT	E	
12.	OFFICERS AND DIREC	TORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	RS IN 12
TITLE	OP OP	DELETE	1.1 TITLE	DP	Change	★ Addition
NAME	SEVETZ, TUDY		1.2 NAME	PATRIME MA GOVERN		
STREET ADDRESS	178 CEDAR RUM DRIVE		1.3 STREET ADDRESS	293 Ridgeline Ct.		
CITY-ST-ZIP	ORANGE PARK FL		1.4 CITY-ST-ZIP	Brange Park, ft. 32065		
TITLE	DV	DELETE	2.1 TITLE	DV	Change	X Addition
NAME	SEVETZ, TUDY		2.2 NAME	CARAL STUNDARY		
STREET ADDRESS	178 CEDAR RUN DR		2.3 STREET ADDRESS	765 2000 000	_	
CITY-ST-ZIP	ORANGE PARK FL		2.4 CITY-ST-ZIP	DRAMAB PANK, FL. 320	73	
TITLE	DS	DELETE	3.1 TITLE	D5	Change	Addition
NAME	Mayzell, cynthia		3.2 NAME	TIAN TSPOUNT	y 17 So.	
STREET ADDRESS	5115 ORTEGA FARMS BLVD		3.3 STREET ADDRESS	P.O. DOK 499 5467 NW	•	
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP	Green Cove Springs, fl. 3	12040	
TITLE	DT	DELETE	4.1 TITLE	DT 01	☐ Change	Addition
NAME	KUZEL, CINDY		4. 2 NAME	Steve RodesNon		
STREET ADDRESS	1734 KINGLSEY AVE		4.3 STREET ADDRESS	3019 Woodveil 4N.	_	
CITY-ST-ZIP	ORANGE PARK FL		4.4 CITY - ST - ZIP	Orange Park, dl. 8207.	3	
TITLE	D	DELETE	5.1 TITLE		☐ Change	Addition
NAME	BARBARA, COLEMAN		5.2 NAME			2719
STREET ADDRESS	424 Blanding BLVD.		5.3 STREET ADDRESS			<i>(</i> X/\)
CITY-ST-ZIP	ORANGE PARK FL		5.4 CiTY-ST-ZIP			<i>─`</i> }\``
TITLE	D	DELETE	6.1 Trile	D	☐ Change	Addition
MAKIC	STOKES NANCY		6.2 NAME	Paula Jeibers	•	46.00

ORANGE PARK FL CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

1879 SALT MYRTLE LANEE

STREET ADDRESS

. Cal 1-1-49