

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:43

DOCUMENT # N42431 (9)

1. Corporation Name

THE QUINCY INVESTMENT GROUP, INC.

Principal Place of Business

Mailing Address

% HENRY PALMER
332 SHADOW ST
QUINCY FL 32351

% HENRY PALMER
332 SHADOW ST
QUINCY FL 32351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1991

3a. Date of Last Report

03/17/1994

4. FEI Number

59-3041937

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 Henry Palmer

26 40 Henry Palmer

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 332 Shadow St.

27 332 Shadow St.

City & State

City & State

23 Quincy Fl. 32351

28 Quincy Fl.

Zip

Country

Zip

Country

24 32351

25 Gadsden

29 32351

30 Gadsden

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PALMER, HENRY
332 SHADOW ST
QUINCY FL 32351

01 Name

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

03

04 City

FL

05 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 and fee if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME COLLINS, THADDEUS L.
STREET ADDRESS P. O. BOX 1029 N/A
CITY-ST-ZIP DAYTONA BEACH FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE SD
NAME PALMER, LEOLA
STREET ADDRESS 920 SMITH ST
CITY-ST-ZIP QUINCY FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE DT
NAME PALMER, CORINE
STREET ADDRESS 332 SHADOW ST
CITY-ST-ZIP QUINCY FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: Thaddeus L. Collins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/96 924238-6401
Date Signature