1995

Division of Corporations

DOCUMENT # P28014 (9)

1. Corporation Name

D-Q OF FERNANDINA, INC.

95 APR 19 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
P O BOX 464 VIDALIA GA 30474	P O BOX 464 VIDALIA GA 30474

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/06/1990

3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21 P.O. Box 464
22 111 Brinson Rd.
23 Vidalia, GA
24 Zip 30474 25 County

2a. Mailing Address
26 P.O. Box 464
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 County

4. FEI Number: 59-2968802 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARNARD, J.B. JR.
707 TARPON AVENUE
FERNANDINA FL 32034

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	DALTON, LEWAYNE	1.2 NAME	
STREET ADDRESS	608 MARY ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	BARNARD, J.B.	2.2 NAME	
STREET ADDRESS	1110 SPRUCE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HINESVILLE GA	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	RATCLIFFE, THOMAS J. JR.	3.2 NAME	
STREET ADDRESS	103 N. MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HINESVILLE GA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	BENNETT, DAVID H. JR.	4.2 NAME	
STREET ADDRESS	608 MARY ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LOTT, FRANCIS M.	5.2 NAME	
STREET ADDRESS	P.O. BOX 269 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	DOUGLAS GA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BRANDON, DR. RICHARD	6.2 NAME	
STREET ADDRESS	P.O. BOX 946 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BEACH FL	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 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: J B Barnard Sr. 4/12/95 (912) 537-0884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400004 FN