

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P28014** (9)

1. Corporation Name

D-Q OF FERNANDINA, INC.



Principal Place of Business

P.O. BOX 464
111 BRINSON ROAD
VIDALIA GA 30474
US

Mailing Address

P.O. BOX 464
VIDALIA GA 30474
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

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City & State

23

Zip

Country

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Zip

Country

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25

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30475

30

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DALTON, LEWAYNE	
STREET ADDRESS	608 MARY ST.	
CITY-STATE-ZIP	WAYCROSS GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARNARD, J.B.	
STREET ADDRESS	1110 SPRUCE ST.	
CITY-STATE-ZIP	HINESVILLE GA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RATCLIFFE, THOMAS J. JR.	
STREET ADDRESS	103 N. MAIN STREET	
CITY-STATE-ZIP	HINESVILLE GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BENNETT, DAVID H. JR.	
STREET ADDRESS	608 MARY ST.	
CITY-STATE-ZIP	WAYCROSS GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOTT, FRANCIS M.	
STREET ADDRESS	P.O. BOX 269 N/A	
CITY-STATE-ZIP	DOUGLAS GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANDON, DR. RICHARD	
STREET ADDRESS	P.O. BOX 946 N/A	
CITY-STATE-ZIP	FERNANDINA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(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 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

J. B. Barnard V Pres

3/25/96

912 537-0884

Date

Daytime Phone

CR2E034 (12/95)