

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P36026 (3)

1. Corporation Name
QUAIL UNLIMITED, INC.

Principal Place of Business

Mailing Address

RT 3, BOX 47
EDGEFIELD SC 29824
US

P O BOX 610
EDGEFIELD SC 29824
US



3. Date Incorporated or Qualified
10/23/1991

3a. Date of Last Report
04/12/1995

4. FEI Number
58-1463756

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

2. Principal Place of Business

2a. Mailing Address

21 31 Quail Run

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Edgefield SC

City & State

Zip

24 29824

Country

25 US

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

✓ DICKERSON, JERARD L. Herman Witt
10165 NORIEGA LN
PENSACOLA FL 32514

81 Name
Herman Witt

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

83 6324 Alvarado Rd

84 City
Pensacola

FL 85 Zip Code
32504

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 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Herman Witt

HERMAN L. WITT - STATE CHAIRMAN 4/28/96

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE D
NAME MCGHEE, STEVE
STREET ADDRESS 100 PATERSON CIR
CITY - ST - ZIP OLIVER SPRINGS TN ☐ DELETE

13. 1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VD
NAME EVANS, JOSEPH R.
STREET ADDRESS 3012 SUSSEX ROAD
CITY - ST - ZIP AUGUSTA GA ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE STD
NAME HENRY, KEITH
STREET ADDRESS 4420 SKYLAND DR., N.E.
CITY - ST - ZIP ATLANTA GA ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE D
NAME HARRIS, LOUIS C.
STREET ADDRESS 628 CARLTON DRIVE
CITY - ST - ZIP AUGUSTA GA ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE PCD
NAME WARD, AL
STREET ADDRESS 4420 SOUTH WEST 45TH ST.
CITY - ST - ZIP TOPEKA KS ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

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 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 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 and typed or printed name of signing officer or director

Date

Daytime Phone #

4/17/96 (803) 637-5731

CR2E037 (3/96)