## FILE NOW: FILING FEE IS \$61.25

**SIGNATURE:** 

## Mar 23 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P36026 (3)QUAIL UNLIMITED, INC. Principal Place of Business Mailing Address 31 QUAIL RUN P O BOX 610 3. Date Incorporated or Qualified **EDGEFIELD SC 29824** EDGFIELD SC 29824 10/23/1991 4. FEI Number Applied For 58-1463756 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite Ant # etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 Zφ Ζıp Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WITT, HERMAN Street Address (P.O. Box Number is Not Acceptable) 82 6324 ALVARADO RD 83 PENSACOLA FL 32504 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 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE President XX Change Addition 1.1 TITLE TITLE MCGHEE, STEVE NAME 1.2 NAME **100 PATERSON CIR** STREET ADDRESS 1.3 STREET ADDRESS **OLIVER SPRINGS TN** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME EVANS, JOSEPH R. 2.2 NAME STREET ADDRESS 3012 SUSSEX ROAD 2.3 STREET ADDRESS CITY-ST-ZIP AUGUSTA GA 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE STD 3.1 TITLE HENRY, KEITH 3.2 NAME NAME 4420 SKYLAND DR., N.E. STREET ADDRESS 3.3 STREET ADDRESS <u>ATLANTA GA</u> CITY-ST-ZIP 3.4. CITY - ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME HARRIS, LOUIS C. 4. 2 NAME **628 CARLTON DRIVE** STREET ADDRESS 4.3 STREET ADDRESS augusta ga CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Dr. William C. "Tom" Thompson Changer. XX Addition TITLE. 5.1 TITLE NAME WARD, AL 5.2 NAME 12th & Main 4420 SOUTH WEST 45TH ST. STREET ADDRESS 5.3 STREET ADDRESS Monroe City, IN 47557 TOPEKA KS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 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 on 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 or an attachment with an address. SIGNATURE:

**FILED**