

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2004 8:00 am**  
**Secretary of State**

06-21-2004 90005 026 \*\*\*\*61.25

**DOCUMENT # P36026**

1. Entity Name  
**QUAIL UNLIMITED, INC.**



Principal Place of Business  
**31 QUAIL RUN  
EDGEFIELD, SC 29824 US**

Mailing Address  
**P O BOX 610  
EDGEFIELD, SC 29824 US**

34058275



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06162004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**58-1463756**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WITT, HERMAN  
6324 ALVARADO RD  
PENSACOLA, FL 32504**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
NAME **MCGHEE, STEVE**  
STREET ADDRESS **100 PATERSON CIR**  
CITY-ST-ZIP **OLIVER SPRINGS, TN**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **THOMPSON, DR. TOM**  
STREET ADDRESS **12TH AND MAIN**  
CITY-ST-ZIP **MONROE CITY, IN 47557**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **BADER, GUS**  
STREET ADDRESS **2607 NE INDUSTRIAL DRIVE**  
CITY-ST-ZIP **N KANSAS CITY, MO 64117**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **THOMPSON, WILLIAM C T**  
STREET ADDRESS **12TH AND MAIN**  
CITY-ST-ZIP **MONROE CITY, IN 47557**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **AVP** ☐ Delete  
NAME **ALLEN, JERRY W**  
STREET ADDRESS **1884 HWY 23 WEST**  
CITY-ST-ZIP **EDGEFIELD, SC 29824**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/04

Date

803/637-5731

Daytime Phone #