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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

P92000009343 (4)

1. Corporation Name QUARRY ROAD PROPERTIES, INC.

Principal Place of Business Mailing Address 6777 SAN JOSE BLVD -8777 SAN JOSE BLVD SUITE 402. BLDG - C 9UITE 402. BLDG - C JACKSONVILLE FL 32217 JACKSONVILLE FL 62217 - C					
2. Principal Place	e of Business CHRISTWIHER CRK RD	2a. Mailing Address	5761	4. FET Number 59-3223593	Applied For Not Applicable
Suite, Apt. #,		Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required
City's State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip -	Country 25	Zip 32247	Gountry 30		or intangible tax under s. 199.032, os. No
24	9. Name and Address of Current		1951	10. Name and Address of New	Registered Agent
	<u> </u>		81 Name		
MONROE, VAN S				82 Street Address (P.O. Box Number is Not Acceptable) 83	
2707 CHRISTOPHER CREEK RD N JACKSONVILLE FL 32217					
			O4 City		FL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
familiar with SIGNATURE	i, and accept the obligations of, Section and accept the obligations of the section and the section of the sect	nd to capitals	(NOTE Fagisland April synal to		DATE FFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	1 1 TIFLE	TOPT	Change Addition
TIFLE	MONROE, VAN S	becer	1.2 NAME	011	~ -
NAME DESCRIPTION (C)			1.3 STREET ADDRESS	2707 CHRISTOPH	GR CREEK RD A
STREET ADDRESS	JACKSONVILLE FL	,,,,	1.4 CHY - S1 - Z.P		
CHY-ST-ZIP TITLE	S	□ DELETE	2 1 BULE		Change Addition
NAME	MONROE, JANE H		2.2 NAME		, -
STREET ADDRESS	87777 SAN JOSE BLVD 40	2-C	2.3 STREET ADDRESS	2707 CHRISTOPHER	CREEK RD N
City-SI-ZIP	JACKSONVILLE FL		2 4 CITY-ST ZIF		
TIFLE	AS	DELETE	3 1 TITLE		Change Addition
NAME	WILSON, ROBERT J.	-	3.2 NAME	İ	
STREET ADDRESS	8777 SAN JOSE BLVD 402	-C -	3.3 STREET ADDRES		
CITY-ST-ZIP	J acksonville FL		3.4 CHTY ST-ZIP	ORANGE PARK, F	L 32073
TITLE		DELETE	4 1 Tifut		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	5	
CITY - ST - ZIP			4.4 CHY+S1+7IF		
TITLE		DELETE	5 1 T-FLE		Change Addition

CHTY-ST-ZIP 14. Too hereby certify that the information supplied water 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 almust report or exceptionental amous report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the constitution or the releven or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged or an autofitment with an address

5.2 NAME 5.3 STREET ACORESS

6 1 MTLE

6.2 NAME

5.4 CHY - ST - ZIP

€ 3 SEREEL ADDRESS

6 4 C TY - ST - Z4P

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CHTY - ST - ZIP

TITLE

NAME

EIGNING OFFICER OR DIRECTOR PRINTED NAME OF

DELETE

4/30/56

Addition

☐ Change