

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # P92000010994 (1)

1. Corporation Name
PAUL A. O'QUINN, INC.



Principal Place of Business
**1196 PEBBLE RIDGE CT
 JACKSONVILLE FL 32220**

Mailing Address
**1196 PEBBLE RIDGE CT
 JACKSONVILLE FL 32220-1321**

| | |
|---|--|
| 3. Date Incorporated or Qualified 12/09/1992 | 3a. Date of Last Report 03/26/1996 |
| 4. FEI Number 59-3159307 | Applied for Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Country

9. Name and Address of Current Registered Agent
**O'QUINN, PAUL A
 1196 PEBBLE RIDGE COURT
 JACKSONVILLE FL 32220**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

NAME: PD
 O'QUINN, PAUL A
 STREET ADDRESS: 1196 PEBBLE RIDGE COURT
 CITY, ST, ZIP: JACKSONVILLE FL 32220

DELETE

NAME: _____
 STREET ADDRESS: _____
 CITY, ST, ZIP: _____
 DELETE

NAME: _____
 STREET ADDRESS: _____
 CITY, ST, ZIP: _____
 DELETE

NAME: _____
 STREET ADDRESS: _____
 CITY, ST, ZIP: _____
 DELETE

NAME: _____
 STREET ADDRESS: _____
 CITY, ST, ZIP: _____
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

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 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 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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x3-13-97 (904) 693-0876
 Date Daytime Phone #

CR2E034 (9/96)