

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000048006 (9)**

1. Corporation Name
HQLC, INC.



Principal Place of Business

Mailing Address

~~3601 S.E. AVIATION WAY
SUITE K
STUART FL 34936~~

~~3601 S.E. AVIATION WAY
SUITE K
STUART FL 34936~~

2. Principal Place of Business

2a. Mailing Address

21 **3281 SE SLATER ST.**
Suite, Apt. #, etc.

26 **3281 SE SLATER ST.**
Suite, Apt. #, etc.

22 **#2**
City & State

27 **#2**
City & State

23 **STUART, FL**
Zip

28 **STUART, FL**
Zip

24 **34997**

Country

29 **34997**

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/01/1993

3a. Date of Last Report
03/07/1995

4. FEI Number
65-0424608

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

10. Name and Address of New Registered Agent

~~MILLS, MYRA M.
16100 S.W. PALAMINO
INDIANTOWN FL 34956~~

81 Name **SUSAN NASH**
82 Street Address (P.O. Box Number is Not Acceptable)
3281 SE SLATER ST.
83 **#2**
84 City **STUART** FL 85 Zip Code **34997**

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

SUSAN NASH President

[Signature]

1-25-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME ~~MILLS, MYRA M.~~
STREET ADDRESS ~~16100 S.W. PALAMINO~~
CITY-ST-ZIP ~~INDIANTOWN FL 34956~~

1.1 TITLE **P/S/T/D** ☒ Change ☐ Addition
1.2 NAME **SUSAN NASH**
1.3 STREET ADDRESS **3281 SE SLATER ST. #2**
1.4 CITY-ST-ZIP **STUART, FL 34997**

TITLE **VP** ☒ DELETE
NAME ~~SMITH, GARY~~
STREET ADDRESS ~~2724 KERN ROAD~~
CITY-ST-ZIP ~~PORT ST. LUCIE FL 34984~~

2.1 TITLE ~~Shareholder~~ ☒ Change ☐ Addition
2.2 NAME ~~Shareholder~~
2.3 STREET ADDRESS ~~16100 S.W. PALAMINO~~
2.4 CITY-ST-ZIP ~~INDIANTOWN FL 34956~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 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

1-25-96

407-221-7768

CR2E034 (12/95)