

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:38**

DOCUMENT # P93000073631 (2)

1. Corporation Name
COTTON & QUAIL ENTERPRISES, INC.

Principal Place of Business Mailing Address
**205 EAST WASHINGTON STREET PO BOX 326
MONTICELLO FL 32344 MONTICELLO FL 32344**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/25/1993	3a. Date of Last Report 06/14/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3240110	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip 32345	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**COUNTS, DERYLENE D
205 EAST WASHINGTON STREET
MONTICELLO FL 32344**

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when necessary)

(SEE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VP/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUNTS, WILLIAM G SR	1.2 NAME	
STREET ADDRESS	205 E. WASH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32345	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	P/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUNTS, DERYLENE D R	2.2 NAME	
STREET ADDRESS	205 E. WASH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32345	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	S/T/D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARMER, FAY W	3.2 NAME	
STREET ADDRESS	615 N. JEFFERSON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL 32344	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(6)(b), 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: *Derylene D. Counts*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
DERYLENE D. COUNTS

2-6-95 **9/04/99-3880**