

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 # **P94000000207 (8)**

1. Corporation Name

STORM QUEST, INC.



Principal Place of Business

Mailing Address

**7320 POINCIANA COURT
MIAMI LAKES FL 33014**

**7320 POINCIANA COURT
MIAMI LAKES FL 33014**

2. Principal Place of Business

21 6940 Seagrape Terrace

2a. Mailing Address

26 6940 Seagrape Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Miami Lakes, FL

City & State

28 Miami Lakes, FL

Zip

24 33014

Country

25 USA

Zip

29 33014

Country

30 USA

3. Date Incorporated or Qualified

01/03/1994

3a. Date of Last Report

06/07/1995

4. FEI Number

65-0461865

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

9. Name and Address of Current Registered Agent

**WALSH, GERRITT
7320 POINCIANA CT
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

81 Name

Gerritt Walsh

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

6940 Seagrape Terrace

83

84 City

Miami Lakes,

FL

85 Zip Code
33014

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 obligation of, Section 607.0805, Florida Statutes.

SIGNATURE

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

Gerritt Walsh, President

04/16/96

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **WALSH, GERRITT**
STREET ADDRESS **7320 POINCIANA COURT**
CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

**6940 Seagrape Terrace
Miami Lakes, FL 33014**

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 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

04/16/96

Date

305-820-0331

Daytime Phone #

CR2E034 (12/95)