

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

MAY 19 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000005817 (9)**
1. Corporate Name
QUIK ROPE ENTERPRISES, INC.

Principal Place of Business: **3913 WILDER BLVD. FERNANDINA BEACH FL 32048**
32035

Mailing Address: **PO BOX 632 FERNANDINA BEACH FL 32048**
32035

2. Principal Place of Business: 21 State, Apt # etc: 22 City & State: 23 Zip: 24

2a. Mailing Address: 26 State, Apt # etc: 27 City & State: 28 Zip: 29 Country: 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/14/1994**

3a. Date of Last Report: _____

4. FFI Number: **65-046-7815**

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 § 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**SULIK, JOHN J
320 E. ADAMS ST.
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name: _____

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

83 _____

84 City: _____

85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0912 and 607.1924, 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 607.1924, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

NAME	D ROWLAND, EDWIN L 3913 WILDER BLVD. FERNANDINA BEACH FL 32048 32035
NAME	D ROWLAND, DONNA 3913 WILDER BLVD. FERNANDINA BEACH FL 32048 32035
NAME	D WILDS, ARTHUR M 2373 QUARTER HORSE TRAIL MIDDLEBURG FL 32068
NAME	D WILDS, GWENN W 2373 QUARTER HORSE TRAIL MIDDLEBURG FL 32068
NAME	
NAME	
NAME	
NAME	
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13. ADDITIONS CHANGED TO OFFICERS AND DIRECTORS IN '97

1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
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9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
11. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
12. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
15. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
19. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption of disclosure as provided in Section 607.1924, Florida Statutes. I further certify that the information included 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. I am a resident of the State of Florida and am the registered agent for the corporation or the registered agent for the corporation's registered agent. I am familiar with and accept the obligations of Section 607.1924, Florida Statutes, and that my name appears on Block 12 of this filing changed or corrected with an address.

SIGNATURE: *Donna L. Rowland*
DONNA L. ROWLAND

5/16/95 724/361-7959