

**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

4-30-96 4849-C

DOCUMENT # P94000065907 (5)

1. Corporation Name

QUINLAN MOTORS, INC.



Principal Place of Business: 15299 U.S. HWY. 19 NORTH CLEARWATER FL 34624  
Mailing Address: 15299 U.S. HWY. 19 NORTH CLEARWATER FL 34624

3. Date Incorporated or Qualified: 09/02/1994  
3a. Date of Last Report: 07/19/1995

|    |                                |    |                     |   |   |   |
|----|--------------------------------|----|---------------------|---|---|---|
| 21 | 2. Principal Place of Business | 2a | 2a. Mailing Address | 4 | 4. FEI Number   | Applied For   |
|    | Suite, Apt. #, etc.            |    | Suite, Apt. #, etc. |   | 59-3268936  | Not Applicable  |
| 22 | 22. City & State               | 27 | 27. City & State    | 5 | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
|    |                                |    |                     |   | <input type="checkbox"/>  |   |
| 23 | 23. Zip                        | 28 | 28. Zip             | 6 | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees   |
|    | Country                        |    | Country             |   | <input type="checkbox"/>  |   |
| 24 | 24. Zip                        | 29 | 29. Zip             | 8 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|    | Country                        |    | Country             |   |   |   |

9. Name and Address of Current Registered Agent

BELCHER, WM. FLETCHER  
540 - 4TH STREET NORTH  
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | 81. Name   |
| 82 | 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83 | 83. City   |
| 84 | 84. City   |
| 85 | 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 signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | QUINLAN, JAMES G                  | 1.2 NAME  |   |
| STREET ADDRESS             | 15299 U.S. HWY. 19 NORTH          | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CLEARWATER FL 34624               | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | QUINLAN, GERARD R                 | 2.2 NAME  |   |
| STREET ADDRESS             | 15299 U.S. HWY. 19 NORTH          | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | CLEARWATER FL 34624               | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                   | 3.2 NAME  |   |
| STREET ADDRESS             |                                   | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 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                      | <input type="checkbox"/> DELETE   | 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                      | <input type="checkbox"/> DELETE   | 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 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: \_\_\_\_\_ (813) 531-5831  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (12/95)