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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400066197 (2)

"CQ" & ASSOCIATES, INC.

Mailing Address Principal Place of Business 100 N NEW WARRINGTON RD 58 N. 69TH AVE. PENSACOLA FL 32506 PENSACOLA FL 32506-5102 3a. Date of Last Report 3. Date Incorporated or Qualified 09/06/1994 04/22/1996 2. Principal Place of Business 4. EELNumber 2a. Mailing Address Applied For 59-3282586 Not Applicable Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 30 Florida Statutes Yes No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RUSHING, DWYKE L 58 N. 69TH AVE. 82 Street Address (F.O. Box Number is Not Acceptable) PENSACOLA FL 32506 83 84 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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. Lam familiar with, and accept the obligations of Section 607.05.05, Florida Statutes. 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETÉ TITLE 113016 Change Addition RUSHING, DWYKE L NAME 1.2 NAME 58 N. 69TH AVE STREET ADDRESS 1.8 STREET ADDRESS PENSACOLA FL 32506 CITY-ST-ZIP 1.4 Crty - \$1 - ZIP 🔲 DELFTË Change Addition TITLE 217006 RUSHING, KATHY R NAME 2.2 NAME 58 N. 69TH AVE. STREET ADDRESS 2.8 STREET ADDRESS PENSACOLA FL 32506 CITY-ST-ZIP 2 4 O1Y-St-7P DECEME TITLE D Change Addition 3.1 THE NAME 3.2 NAME STREET ADDRESS 3.8 STREET ADDRESS CITY-ST-ZIP 3.4. C(1Y+S1+Z()) 🔲 ĎELFÍÉ Change Addition TITLE 4.1 THE NAME 4. 2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 C(1) - S1 - Z(0) DELETE Change Addition TITLE 5.1 THE NAME 5.2 NAME STREET ADDRESS 5.8 STREET ADORESS CITY-ST-ZIP 5.4 CITY - \$1 - 201 🔲 DELETE Change Addition TITLE 6.1 11118 NAME 6.2 NAMI STREET ADDRESS 6.8 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 to its harmed, or on an attachment with an address.

SIGNATURE

CITY-ST-ZIP

Dielo I Rich

H22/97

904 NS3-5455

May 19 1997 8:00am

Secretary of State