Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90181 001 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000066197

i. Corporation							1
"CQ" & A	<b>ISSO</b> (	CIATES, INC.					
		•					
Principal Place	of Bus	inace	Mailing Address				(
100 N NEW WARRINGTON RD 7031 LAKE JOANNE DR							
PENSACOLA FL 32506 PENSACOLA FL 32506							
US			US				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed 09/06/1994
2. Principal Place of E		Business 2a. Mailing Address				4. FEI Number Applied For	
21		26					<b>59-3282586</b> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
2			27				Fee Required
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip		Country	Zip	Cou	ıntry		8. This corporation owes the current year Intangible
24		25	29	30			Personal Property Tax. Yes No
	9. N	ame and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent
<b>X 88</b> X	K <b>B9TX</b>	<b>DWYKE L</b> X <b>AXE</b> XXX 7031 Lake <b>A FL 32506</b>	31 Lake JöAnne Dr		82		
FERN		A I L 32300			83		
					84	City	FL 85 Zip Code
office or nagent. I as							d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			jistered Agent signature required when reinstating)  DATE  DESTINATION OF THE PROPERTY OF THE		
12.	<u> </u>	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE )	P	INIO 6148/1/5 )	☐ DELETE	1.1 T		Ì	Change Addition
NAME		ING, DWYKE L		1.2 N			
STREET ADDRESS		LAKE JOANNE DR		1.3 S	1.3 STREET ADDRESS		6
CITY-ST-ZIP	PENS	ACOLA FL 32506				T-ZIP	
TITLE	T		☐ DELETE	2.1 T		ļ	Vice President/Tresurer XXChange Addition
NAME		ing, kathy r		2.2 N	AME	l	
STREET ADDRESS		LAKE JOANNE DR		2.3 \$	2.3 STREET ADDRESS		
CITY-ST-ZIP		ACOLA FL 32506	·		2.4 CITY-ST-ZIP		
TITLE	VPS		DELETE	3,1 T	3,1 TITLE		Secretary XX Change Addition
NAME		ELLE, RUSHING M		3.2 N	3.2 NAME		
STREET ADDRESS		LAKE JOANNE DR		3.3 S	3.3 STREET ADDRESS		B
CITY-ST-ZIP	PENS	ACOLA FL 32506		3.4.0	πy-s	ST-ZIP	
TITLE			☐ DELETE	4.1 T	4.1 TITLE		☐ Change ☐ Addition
NAME				4.21	<b>LAME</b>		
STREET ADDRESS				4.3 S	TREE	T ADDRESS	s
CITY-ST-ZIP	1			4.4 C	ITY-S	T-ZIP	
TITLE		<u> </u>	☐ DELETE	5.1 T			☐ Change ☐ Addition
				5.2 N	AME		

6.4 CITY-ST-ZIP CITY-\$T-ZIP 14. I 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 13 if chapter or one mattes ment with an address, with all other like empowered.

5,3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

NAME OF SIGNING OFFICER OR DIRECTOR Pres. April 28, 1999

Change

Addition