

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

**APPROVED
AND
FILED**

1995 JUN 20 PM 3: 59

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morburn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000067989
1. Corporation Name
Quinlan Holdings, Inc.

500001519935
-06/21/95--01104--022
***\$225.00 ***\$225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified September 8, 1994	3a. Date of Last Report N.A.
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2. Principal Place of Business	2a. Mailing Address
21 15299 U.S. Highway 19 Sate, Apt. #, etc.	26 P.O. Box 5500 Sate, Apt. #, etc.
22 City & State Clearwater, Florida	27 City & State Clearwater, Florida
24 Zip 34624	25 Country U.S.A.
28 Zip 34618	29 Country U.S.A.

4. FEI Number 59-3268937	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
Wm. Fletcher Belcher, 540 Fourth Street, North St. Petersburg, Florida 33701	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when remaining.

12. OFFICERS AND DIRECTORS	
TITLE	President Treasurer Director
NAME	Gerard R. Quinlan
STREET ADDRESS	15299 U.S. Highway 19
CITY - ST. - ZIP	Clearwater, Florida 34624
TITLE	Vice President Secretary Director
NAME	James G. Quinlan
STREET ADDRESS	15299 U.S. Highway 19
CITY - ST. - ZIP	Clearwater, Florida 34624
TITLE	
NAME	
STREET ADDRESS	
CITY - ST. - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST. - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST. - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST. - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST. - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST. - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST. - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST. - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST. - ZIP	

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*****\$8.75 *****\$8.75

ESB
6/20/95

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 in an attachment with an address.

SIGNATURE: Gerard R. Quinlan 6/19/95 1-800-888-2292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #