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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000091312 (6)

QUICK CONSTRUCTION, DEVELOPMENT, AND LEASING COM PANY

FILED Apr 10 1998 8:00am Secretary of State



Principal Plan	o of Business	Molling Address					
Principal Place of Business Mailing Address 1955 BRENDA AVE 1955 BRENDA AVE							
1 1955 BRENDA AVE 1955 BRENDA AVE PENSACOLA FL 32506 PENSACOLA FL 32506							
		TEMPOREM TE MENOR				DO NOT WRITE IN THIS SPACE	
						Date Incorporated or Qualified	
						12/09/1994	
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For
21 Cuita Ant	# ata	26				59-3284460	Not Applicable
Suite, Apt.	. ₩, Θ(C.	Suite, Apt. #, etc. 27 City & State				5. Certificate of Status Desired \$8.75 Additional	
City & Stat	lo.					Fee Required	
23		k				6. Election Campaign Financing	\$5.00 May Bo
Zip Country		Zip Country			1rust Fund Contribution	Added to Fees	
24	25	29	30	uru y		8. This corporation owes or has paid the or	urrent year Intangible X I.Yes ☐ No
-7	9. Name and Address of Curre	ent Registered Agent	<u> 30 </u>			Personal Property Tax due June 30. 10. Name and Address of New Registered	/N
MORRIS, HAROLD					Name	The state of the s	
19]					
	NSACOLA FL 32506			62	Street Add	ress (P.O. Box Number is Not Acceptable)	
. =				83			
					<u>.</u>		
				84	City	Fi	85 Zip Code
SIGNATURE		gent and title if applicable (N ND DIRECTORS	IO1E Registered	ί Αζιο	ot signature requi	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	DELETE		LE			Change Addition
NAME	MORRIS, HAROLD		1.2 NA	ME			<u>- —</u>
STREET ADDRESS	1955 BRENDA AVE		1.3 \$11	AE E T	AUDRESS		
CITY+ST-ZIP	PENSACOLA FL 32506		1.4 CIT	Y-5	1 · ZIP		
TITLE	DELLTE		2.1 717	2.1 TITLE			Change Addition
NAME			2.2 NA	ME			
STREET ADDRESS			2 3 51	REE 1	ADDRESS		
CITY-ST-ZIP			2 4 CI		51-ZIP		
TITLE		LJ DELETE	3 1 111				Change Addition
NAME			3.2 NAI				
STREET ADORESS					ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3 4. Ci		1- ZIP		Chappe Address
NAME		FT percet	4 1 111 4. 2 NA				☐ Change ☐ Addition
STREET ADDRESS					ADDOCCC		
CITY-ST-ZIP					ADDRESS		
TITLE	~	DELETE	4.4 CIT 5.1 TITI		1-711		Change Addition
NAME		<u></u>	5.2 NA				C Change L Paddition
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			5.4 CIT		ſ		
TITLE		DELETE	61111		-"		Change Addition
NAME			6 2 NA				La Charles
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			6.4 CIT				
							

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 changed, or on an attachment with an address.