CR2E034 (11/98)

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1	PROFIT DRPORATION NUAL REPORT
ANI	1999
1. Corpora	JMENT # PO tion Name A. QUINLAN, INC.
Principal Pl	ace of Business
4436 CLIPPE DESTIN FL 3 US	
21	Place of Business
Suite, Ap	
Zip	Count
24	9. Name and Addr
44	MNLAN, LINDA A 36 CLIPPER COVE STIN FL 32541

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	5)
CON	

FLORIDA DEPARTMENT OF STATE

## Kathéfine Harris

Secretary of State

DIVISION OF CORPORATIONS

## 95000029753

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA



Principal Plac	ce of Business	Mailing Address			
		4436 CLIPPER COVE DESTIN FL 32541 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 03/31/1995	
2. Principal F 21 Suite, Apt.	Place of Business #, etc	2a. Mailing Address 26 Suite, Apt #, etc 27		4. FET Number 59-33 19050 5. Certificate of Status Desired [ ]	Applied For Not Applicable \$8.75 Additional Fee Required
City & Stal		City & State	=	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country  25  9. Name and Address of Cu		Country	8. This corporation owes the current year Personal Property Tax  10. Name and Address of New Registere	[Ťres [ ]No
QUINLAN, LINDA A 4436 CLIPPER COVE DESTIN FL 32541		82 Street Address (P.O. Box Number is Not Accentable) 83 84 City FL 85 Zin Code			
office or r	registered agent, or both, in the St	ate of Florida. Such change was au ligations of, Section 607.0505, Flor	thorized by the corporation		of char ging its registered ointime it as registered
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	D	DELETE	11 TITLE		[   Lhange [   Addition
NAME	QUINLAN, LINDA A		12 NAME		
STREET ADDRESS	4436 CLIPPER COVE		13 STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP		
TITLE		[] DELETE	21 THLE		[ [Change
NAME			2 2 NAME		E. J. See E. St. Wellow
	)				

STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 City-SI-ZiP [] DELETE TITLE 31 THILE STREET ADDRESS 3 3 STREET ADORESS CITY-ST-ZIP 34 CITY-ST-ZIP DELETE TILE 4 1 TITLE STREET ADDRESS 4.3 STREET ADDRESS dry-st-zip 4.4 CiTY-ST-ZIP [] DELETE TITLE 5 1 TITUE 5.2 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP DELETE TITLE 61 TITLE 62 NAME NAME 63STREET ADDRESS STREET ADDRESS

[] Addition [] Change [] Change [ ] Addition 000002885060--05/25/99--01001--021 \*\*\*\*185.00 \*\*\*\*\*150.1 \*\*\*\*150.00 [ | Cr ange [ ] Addition

[ ] Addition

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 higher 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, with all other like empowered.

SIGNATURE:

850-837-6741