

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000083519 (5)

1. Corporation Name

QUALITY DOCKS, INC.



Principal Place of Business

Mailing Address

323 BAY CITY RD
APALACHICOLA FL 32320

323 BAY CITY RD
APALACHICOLA FL 32320

3. Date Incorporated or Qualified

10/27/1995

3a. Date of Last Report

10-27-1995

4. FEI Number

59-3347744

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21 Quality Docks, Inc.

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 323 Bay city Rd.

27

City & State

City & State

23 Apalachicola FL

28

Zip

Zip

24 32320

25 Franklin

29

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLSON, LARRY J SR
323 BAY CITY RD
APALACHICOLA FL 32320

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 *Larry J. Colson*

Director + Registered Agent

7-30-96

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when installing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D Larry Joe Colson, Sr. ☐ DELETE
NAME
STREET ADDRESS 323 Bay city Rd.
CITY-ST-ZIP Apalachicola, FL 32320

TITLE D Susan B. Colson ☐ DELETE
NAME
STREET ADDRESS 323 Bay city Rd.
CITY-ST-ZIP Apalachicola, FL 32320

TITLE P Danny Holten ☐ DELETE
NAME
STREET ADDRESS River Rd.
CITY-ST-ZIP Carrabelle, FL 32322

TITLE VP Ellis Van Simmons ☐ DELETE
NAME
STREET ADDRESS 404 River Rd.
CITY-ST-ZIP Carrabelle, FL 32322

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan B. Colson Director

7-30-96

904-663-

2098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (3/96)