

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$559 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0087003

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

**FILED**

98 NOV -4 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # **P96000037675 (1)**

1. Corporation Name

**DQ, INC.**

Principal Place of Business

P. O. BOX 1174  
NAPLES FL 34106.

Mailing Address

P. O. BOX 1174  
NAPLES FL 34106

2. Principal Place of Business

21 **S**  
Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

**05/01/1996**

4. FEI Number

**65-0661727**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CT CORPORATION SYSTEM~~  
~~1200 SOUTH PINELAND ROAD~~  
~~PLANTATION FL 33324~~

**Dona Quigley**  
**4610 Chantelle Dr**  
**NAPLES FL 34102**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**Dona Quigley**

**P.O. Box 1174**

**Naples FL**

**34106**

**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 **Dona Quigley**  
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9/4/98**

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **QUIGLEY-POLLEN, DONA**  
STREET ADDRESS **4532 E. TAMiami TRAIL**  
CITY-ST-ZIP **NAPLES FL 33962**

TITLE **PRESIDENT** ☐ DELETE  
NAME **Dona Quigley**  
STREET ADDRESS **P.O. Box 1174, N/A**  
CITY-ST-ZIP **Naples FL 34106**

TITLE **VP** ☐ DELETE  
NAME **Richard Serignese**  
STREET ADDRESS **4610 Chantelle Dr**  
CITY-ST-ZIP **Naples FL 34102**

TITLE **SEC** ☐ DELETE  
NAME **Gloria Larson**  
STREET ADDRESS **4610 Chantelle Dr**  
CITY-ST-ZIP **Naples FL 34102**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **100002687381-9**  
1.3 STREET ADDRESS **-11/13/98-01074-021**  
1.4 CITY-ST-ZIP **\*\*\*\*550.00 \*\*\*\*550.00**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **VP - TREAS** ☐ Change ☐ Addition  
3.2 NAME **Richard SERIGNESE**  
3.3 STREET ADDRESS **N/A**  
3.4 CITY-ST-ZIP

4.1 TITLE **SEC** ☐ Change ☐ Addition  
4.2 NAME **Gloria Larson**  
4.3 STREET ADDRESS **N/A**  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 changed, or on an attachment with an address.

SIGNATURE: **Dona Quigley**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/4/98** **941-793-5382**  
Date Telephone #

CR2E034 (5/98)