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



CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		May 27, 1999 8:00 am Secretary of State 05-27-1999 90005 011 ***150.00		
DOCUMENT # P9600	0044801				
Silverquest I	nc.				
Principal Place of Business SR 51 South Po Box 393					
Mayo Fl	Mayo F	1	DO NOT WRITE IN TH	IIS SPACE	
SR 51 300th PO 130x 3. 1 May o F1 32046			3. Date Incorporated or Qualified		
Principal Place of Business Za. Mailing Address			4. FEI Number	Apr	lied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.			59-339392		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certifcate of Status Desired	\$8.75 A	
City & State City & State			6. Election Campaign Financing	\$5.00 #	May Be
Zip Country	28	Country	Trust Fund Contribution	Added to	Fees
Zip Country 24 25		30	This corporation owes the current year Personal Property Tax.	<u> </u>	ĭZNo
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent	
Samuel A. M	utch	81 Name			1
Lawrence + Man 726 N.W. 8th	tch	82 Street Add	ress (P.O. Box Number is Not Acceptable)		
TOUR WIND 8thy	Ave Suite H	83			
126 14.00	1 -011	84 City		. 85 Zip C	nde
Gaines ville . Fl	32601		F	L	
 11. Pursuant to the provisions of Sections 607.050 	of Florida. Such change was au	thorized by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its r ointment as reg	egistered istered
SIGNATURE Signature, typed or printed name of registered age	ent and little if applicable (NOTE: F	Registered Agent signature require	ed when reinstating) DATE		\
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
Thossie E. Snipes DELETE		1.1 TITLE		Change	☐ Addition
STREET ADDRESS PO Bux 393		1.2 NAME			
	ماماه	1.3 STREET ADDRESS			
TITLE	□ DELETE	2.1 TITLE		Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP	☐ DELETE	2.4 CITY-ST-ZIP		Change	Addition
NAME	- ~	3.1 TITLE 3.2 NAME			Addition
STREET ADDRESS		3.3 STREET ADDRESS			:
CITY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4 1 TITLE		☐ Change	☐ Addition
NAME		4.2 NAME			
STREET ADDRESS		4 3 STREET ADDRESS			
CITY-ST-ZIP TITLE	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP	Contra	5.4 CITY-ST-ZIP			T Addition
TITLE	☐ DELETE	6.1 TITLE 6.2 NAME		Change	Addition
NAME STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-17-99 904-294-1441
Date Dayline Phone #