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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000096120

1. Corporation Name
TALQUIN SERVICES, INC.

Principal Place of Business

Mailing Address

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90052 036 ***150.00



1 milospant sacc	0. 50.					
1200 W CRAWF		1200 W CRAWFORD ST QUINCY FL 32351				
GUINGT TE 323	J1	GOINGT TE GEGGT		DO NOT WRITE IN TH	IS SPACE	
				3. Date Incorporated or Qualifed		
				11/20/1996		
2 Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	- An	clied For
L '			- E OSANI SI			t Applicable
21 2 61	W. JEFFERSON S	Suite, Apt. #, etc.	PERSON SI	39 34 12022		
Suite, Apt.	#, etc.	<u> </u>		5. Certifc ate of Status Desired	\$8.75 A	
22 27						
City & State City & State			4	6. Election Campaign Financing	\$5.00	, ,
23 Quivey, FLA- 28 Quiway, FL			A -	Trust Fund Contribution	Added to Fees	
Zip Courtry Zip			Country	8. This corporation owes the current year		
24 323	5 25	29 3235/ 31	0	Persor al Property Tax.		I∃No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registers	d Agent	
			81 Name	David Davil D		
GODWIN, FRED D				Acdress (P.O. Bo) Number is Not Acceptable)		
1200 W CRAWFORD ST			82 Street	1 W. JEPFERSON SI	_	
QUINCY FL 32351				1 00,000		
			84 City	· · ·	85 Zip C	
				Thiney	<u> </u>	35-/
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 approintment as registered						
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporations located of hirectors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Syction 607.0505, Flytida Statutes.						
SIGNATURE DANIEL D. Grodwin hand & Dacle 4/24/99						
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable	ngistered Agent signature re	equired when reinstating) DATE		
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
TITLE	D PESIDENT	☑ DELETE	· 1.1 TITLE	BODWIN, DANIEL C	☐ Change	☐ Addition
NAME	GODWIN, DANIEL D		12 NAME	1201WIJEFFERSON St		
STREET ADDRESS	1200 W CRAWFORD ST		1.3 STREET ADDRESS	12010,00		
CITY-ST-ZIP	QUINCY FL 32351		1.4 CITY-ST-ZIP	VICT RESIDENT GODWIN, JAMES A.		
TITLE	D	☑ DELETE	2.1 TITLE	VICP RESIDENT	☐ Change	☐ Addition
NAME	GODWIN, FRED D		2.2 NAME	GODWIN, JAMES A.	cl	
STREET ADDRESS	1200 W CRAWFORD ST		2.3 STREET ADDRESS	1201 W. JEFFERSON	21-	ł
CITY-ST-ZIP	QUINCY FL 32351		2.4 CITY-ST-ZIP	Quiney, FLA - 32357		
TITLE	D	DELETE	3.1 TITLE	7,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
	- T		3.2 NAME	BONNIN JOHN D		_
NAME	GODWIN, ADDIE E			BODWIN , JOHN D 1201 W JEFFERSON St.		
STREET ADDRESS	1200 W CRAWFORD ST		3.3 STREET ADDRESS	D : 10 F/ 1 37351		
CITY-ST-ZIP	QUINCY FL 32351		3.4. CITY-ST-ZIP	Quiney, FLA-3235/		Addition
TITLE		☐ DELETE	4.1 TITLE	,	☐ Change	□ varinou
NAME			4. 2 NAME			İ
STREET ADDRESS			4.3 STREET ADDRESS			1
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
			5.4 CITY-ST-ZIP			
CITY-ST-ZIP			6.1 TITLE		Change	Addition
		_ 0000,0	6.2 NAME			
NAME						
STREET ADDRESS			6.3 STREET ADDRESS			i

14. I heret y certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0° (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 re-upired 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

DANIEL D. GOD WIN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE Del 4/26/99

5 25-272 Daytime Phone #