

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

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000001084 (7)  
1. Corporation Name  
DON QUINN DOCUMENT CONSULTATION SERVICE, INC.



Principal Place of Business  
9951 ATLANTIC BLVD  
SUITE 242  
JACKSONVILLE FL 32225

Mailing Address  
9951 ATLANTIC BLVD  
SUITE 242  
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/30/1996

4. FEI Number  
59-3421542

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

2. Principal Place of Business  
21 4040 WOODCOCK DRIVE  
Suite, Apt. #, etc.  
22 SUITE 147  
City & State  
23 JACKSONVILLE, FL  
Zip  
24 32207  
Country  
25 DUVAL  
26 4040 WOODCOCK DRIVE  
Suite, Apt. #, etc.  
27 SUITE 147  
City & State  
28 JACKSONVILLE, FL  
Zip  
29 32207  
Country  
30 DUVAL

9. Name and Address of Current Registered Agent

QUINN, DON  
9951 ATLANTIC BLVD  
SUITE 242  
JACKSONVILLE FL 32225

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
4040 WOODCOCK DRIVE  
83 SUITE 147  
84 City JACKSONVILLE FL 85 Zip Code 32207

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 *Don Quinn* PRESIDENT  
Signature, typed or printed name of registered agent and title if applicable

04/07/98  
DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME PD QUINN, DON  
STREET ADDRESS 9951 ATLANTIC BLVD STE 242  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 4040 WOODCOCK DRIVE STE 147  
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32207

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
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: *Don Quinn* PRESIDENT

04/07/98 (904)399-3300

CR2E034 (10/97)