04271999-90157-010-$150.00-$150.00

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90157 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000041311**

1. Corporation Name
MCQUILLAN REAL ESTATE, INC.

Principal Place of Business	Mailing Address
114 N.E. 1ST ST. P.O. BOX 308 TRENTON FL 32693	114 N.E. 1ST ST. P.O. BOX 308 TRENTON FL 32693

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/04/1998

4. FEI Number: 59-3511237 ☐ 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 the current year Intangible Personal Property Tax. ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. *Name and Address of Current Registered Agent*

BURT, THEODORE M ESQ.
114 N.E. 1ST ST.
P.O. BOX 308
TRENTON FL 32693

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	PDST	☐ Change ☒ Addition
NAME	MCQUILLAN, ARTHUR J		1.2 NAME	Susan M. McQuillan	
STREET ADDRESS	P.O. BOX 537,RT.241,BOX 5360		1.3 STREET ADDRESS	5417 NW 32nd Street	
CITY-ST-ZIP	ALACHUA FL 32616		1.4 CITY-ST-ZIP	Gainesville FL 32653	
TITLE		☐ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME			2.2 NAME	Arthur J. McQuillan III	
STREET ADDRESS			2.3 STREET ADDRESS	Route 241, Post Office Box 537	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Alachua, FL 32615	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
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			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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: Susan M. McQuillan 4/16/99 352-381-1944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Susan M. McQuillan