

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90168 012 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S31341

1. Corporation Name  
QUAIL RIDGE GROUP, INC.

Principal Place of Business  
1493 MARKET STREET  
TALLAHASSEE FL 32312

Mailing Address  
P.O. BOX 3907  
TALLAHASSEE FL 32315



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1493 Capital Circle NE Suite, Apt. #, etc. 22 City & State 23 Tall FL Zip 24 32308 Country 25		2a. Mailing Address 26 P.O. Box 15887 Suite, Apt. #, etc. 27 City & State 28 Tall, FL Zip 29 32317 Country 30		3. Date Incorporated or Qualified 02/12/1991	
4. FEI Number 59-3171999		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. May Be Added to Fees \$5.00	
9. Name and Address of Current Registered Agent GUERINO, JAMES R 5409 ASTON COURT TALLAHASSEE FL 32311				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		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	YATES, RICHARD R JR.				
STREET ADDRESS	P.O. BOX 3907 N/A				
CITY-ST-ZIP	TALLAHASSEE FL 32315				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	HASSELL, LEONARD C				
STREET ADDRESS	P.O. BOX 3907 N/A				
CITY-ST-ZIP	TALLAHASSEE FL 32315				
TITLE	VPD	<input type="checkbox"/> DELETE			
NAME	GUERINO, JAMES R				
STREET ADDRESS	5409 ASTON COURT				
CITY-ST-ZIP	TALLAHASSEE FL 32311				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

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

4/30/99  
Date

Daytime Phone #

CR2E034 (11/98)

0054728