

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S39167 (9)

1. Corporation Name

BENJAMIN F. QUINN, INC.

FILED

1995 JUL 25 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1401 GENERAL AVIATION DR
STE 15
MELBOURNE FL 32902-2213
US

Mailing Address

P O BOX 2213
MELBOURNE FL 32902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1991

3a. Date of Last Report

05/01/1994

4. FE# Number

59-3052940

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 198.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

HAYWORTH, CHANEY & SINCLAIR, P.A.
200 S. HARBOR CITY BLVD.
SPECTRUM CENTER, SUITE 203
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81

Name TRACHTMAN & HENDERSON, P.A.

82

Street Address (P.O. Box Number is Not Acceptable)
1990 W. NEW HAVEN AVENUE

83

Suite 201

84

City melbourne

FL

85

Zip Code 32904

11. Pursuant to the provisions of Sections 607.02 and 607.0508, 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 607.05, Florida Statutes.

SIGNATURE

Benjamin F. Quinn

6/26/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

QUINN, BENJAMIN E.
1973 CEDARWOOD DRIVE
MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 certain of them with an address.

SIGNATURE:

Benjamin F. Quinn

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

(Typed Name #)

CR2E034 (3/95)