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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 9:56

DOCUMENT # **S96470** **(7)**

1. Corporation Name

QUAYSIDE REALTY SERVICES, INC.

Principal Place of Business	Mailing Address
862 W. JOHN SIMS PKWY. NICEVILLE FL 32578 US	862 W. JOHN SIMS PKWY. NICEVILLE FL 32578 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/25/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3095436	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ 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	10. Name and Address of New Registered Agent
FAULK, ALLEN M. 862 JOHN SIMS PARKWAY NICEVILLE FL 32578	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	P	11 TITLE	V	☐ Change ☒ Addition
NAME	FAULK, ALLEN M.	12 NAME	HINESLY, TYRON W.	
STREET ADDRESS	1003 27TH STREET	13 STREET ADDRESS	105 Duke Drive	
CITY ST ZIP	NICEVILLE FL	14 CITY ST ZIP	Niceville, Fl 32578	
TITLE	TS	21 TITLE	V	☐ Change ☒ Addition
NAME	FAULK, ALLEN M.	22 NAME	DUNCAN, GEORGE TERRY	
STREET ADDRESS	1003 27TH STREET	23 STREET ADDRESS	717 St. Croix Cove	
CITY ST ZIP	NICEVILLE FL	24 CITY ST ZIP	Niceville, Fl 32578	
TITLE	D	31 TITLE	V	☐ Change ☒ Addition
NAME	FAULK, ALLEN M.	32 NAME	ROBISON, CECIL M. jr	
STREET ADDRESS	1003 27TH STREET	33 STREET ADDRESS	113 Windlake Court	
CITY ST ZIP	NICEVILLE FL	34 CITY ST ZIP	Niceville, Fl 32578	
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	HALEY, ANNA M	42 NAME		
STREET ADDRESS	106 LINDA COURT	43 STREET ADDRESS		
CITY ST ZIP	NICEVILLE FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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 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: _____ 5-26-95 Date 904-729-7364 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALLEN M. FAULK - PRESIDENT

0981731 CP