SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: **11/25/1991**
3a. Date of Last Report: **06/06/1995**

2. Principal Place of Business
21 **703 John Sims Pkwy**
Suite, Apt. #, etc.
22
City & State
23 **Niceville, Florida**
Zip 24 **32578** Country 25 **USA**

2a. Mailing Address
26 **703 John Sims Pkwy**
Suite, Apt. #, etc.
27
City & State
28 **Niceville, Florida**
Zip 29 **32578** Country 30 **USA**

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 [X] No

9. Name and Address of Current Registered Agent

FAULK, ALLEN M.
862 JOHN SIMS PARKWAY
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name: (same)
82 Street Address (P.O. Box Number is Not Acceptable): 703 John Sims Parkway
83
84 City: Niceville **FL** 85 Zip Code: 32578

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: Allen M. Faulk, President 6/14/96 CHANGE ADDRESS
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE	V	☐ Change [X] Addition
NAME	FAULK, ALLEN M.		12 NAME	Cecil MArcus Robison	
STREET ADDRESS	1003 27TH STREET		13 STREET ADDRESS	113 Windlake Court	
CITY-ST-ZIP	NICEVILLE FL		14 CITY-ST-ZIP	Niceville, Florida 32578	
TITLE	TS	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	FAULK, ALLEN M.		22 NAME		
STREET ADDRESS	1003 27TH STREET		23 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	FAULK, ALLEN M.		32 NAME		
STREET ADDRESS	1003 27TH STREET		33 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		34 CITY-ST-ZIP		
TITLE	V	☐ DELETE	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	V	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	HINESLY, TYRON W		52 NAME		
STREET ADDRESS	105 DUKE DR		53 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		54 CITY-ST-ZIP		
TITLE	V	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	DUNCAN, GEORGE TERRY		62 NAME		
STREET ADDRESS	717 ST CROIX CAOVE		63 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allen M. Faulk, President 6/14/96 (904) 729-7364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #