

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

**703 JOHN SIMS PKWY  
NICEVILLE FL 32578  
US**

Mailing Address

**703 JOHN SIMS PKWY  
NICEVILLE FL 32578  
US**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**FAULK, ALLEN M.  
703 JOHN SIMS PARKWAY  
NICEVILLE FL 32578**

3. Date Incorporated or Qualified

**11/25/1991**

3a. Date of Last Report

**06/24/1996**

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **P FAULK, ALLEN M.**  
STREET ADDRESS **1003 27TH STREET**  
CITY-ST-ZIP **NICEVILLE FL**

TITLE ☐ DELETE  
NAME **TS FAULK, ALLEN M.**  
STREET ADDRESS **1003 27TH STREET**  
CITY-ST-ZIP **NICEVILLE FL**

TITLE ☐ DELETE  
NAME **D FAULK, ALLEN M.**  
STREET ADDRESS **1003 27TH STREET**  
CITY-ST-ZIP **NICEVILLE FL**

TITLE ☐ DELETE  
NAME **V HALEY, ANNA M**  
STREET ADDRESS **108 LINDA COURT**  
CITY-ST-ZIP **NICEVILLE FL**

TITLE ☒ DELETE  
NAME **V HINESLY, TYRON W**  
STREET ADDRESS **105 DUKE DR**  
CITY-ST-ZIP **NICEVILLE FL**

TITLE ☒ DELETE  
NAME **V DUNCAN, GEORGE TERRY**  
STREET ADDRESS **717 ST CROIX CAOVE**  
CITY-ST-ZIP **NICEVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME **300002221253--1**  
1.3 STREET ADDRESS **-06/24/97--01051--018**  
1.4 CITY-ST-ZIP **\*\*\*550.00 \*\*\*550.00**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

**ALLEN M. FAULK**

**6-15-97**

**904-728-7364**

APPROVED  
AND  
FILED

1997 JUN 20 PM 3: 03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (9/96)