FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:25

DOCUMENT # **V35240** **(3)**

1. Corporation Name
UNIQUEST MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
49 MARKET ST. SUITE 4 APALACHICOLA FL 32320 US	PO DRAWER 70 SUITE 4 APALACHICOLA FL 32329 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1992	3a. Date of Last Report: 03/11/1994
4. FEI Number: 58-1848507	☐ 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 82 - 6th Street	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Apalachicola, FL	City & State 28
Zip / Country 24 32320 / 25 USA	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

COOPER, DEBORAH
ESCAPE RD.
EASTPOINT FL 32328

10. Name and Address of New Registered Agent

81 Name: Deborah Cooper
82 Street Address (P.O. Box Number is Not Acceptable): 259 Prado St.
83
84 City: Apalachicola FL 85 Zip Code: 32320

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: Deborah Cooper — Deborah Cooper — 6/9/95
(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	D	11 TITLE	D/C	X Change ☐ Addition
NAME	STEWART, HAROLD L	12 NAME		
STREET ADDRESS	131 N BAYSHORE DR.	13 STREET ADDRESS		
CITY-ST-ZIP	EASTPOINT FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	D/P	XX Change ☐ Addition
NAME	PARMER, DON	22 NAME	Mitch Rutoskey	
STREET ADDRESS	350 MERCEDES DR.	23 STREET ADDRESS	82 - 6th Street	
CITY-ST-ZIP	PANAMA CITY FL	24 CITY-ST-ZIP	Apalachicola, FL 32320	
TITLE	D	31 TITLE	D	XX Change ☐ Addition
NAME	CLAYTON, RICHARD	32 NAME	Horald L. Stewart, III	
STREET ADDRESS	4029 HWY 90	33 STREET ADDRESS	82 -6th Street	
CITY-ST-ZIP	PACE FL	34 CITY-ST-ZIP	Apalachicola, FL 32320	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	STEWART, DEBRA	42 NAME		
STREET ADDRESS	131 N BAYSHORE DR.	43 STREET ADDRESS		
CITY-ST-ZIP	EASTPOINT 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 the 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: Harold L Stewart — 6/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0409576 FP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # V36300 (4)

1. Corporation Name

DAN CASEY & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4400 PGA BLVD. 726 PALM BEACH GARDENS FL 33410 US	21 C LEXINGTON WEST PALM BEACH GARDENS FL 33418 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/15/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

4. FEI Number: 65-0330725 ☐ 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

9. Name and Address of Current Registered Agent

CASEY, DAN
21 C LEXINGTON LANE WEST
PALM BEACH GARDENS FL 33418

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 _____ 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 '95	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CASEY, DAN	12 NAME	
STREET ADDRESS	21 C LEXINGTON LN W	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GRDNS FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	CASEY, MICHELE	22 NAME	
STREET ADDRESS	21 C LEXINGTON LN W	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GRDNS FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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	

CR2E034 (3/95)

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 added on an attachment with an address.

SIGNATURE: Michele S. Casey Michele S. Casey 6/7/95 (407) 775-9149
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003494 CP