

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V53703

(7)

1. Corporation Name

QUINTA ENTERPRISES, INC.



Principal Place of Business

82 SOUTHSIDE DR
CRAWFORDVILLE FL 32327
US

Mailing Address

RT 2 BOX 4330-20
CRAWFORDVILLE FL 32327
US

2. Principal Place of Business

2a. Mailing Address

21

26

82 Southside Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

Crawfordville, FLA

23

28

Zip

Country

Zip

Country

24

25

29

32327

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/24/1992

3a. Date of Last Report
05/10/1995

4. FEI Number
59-3141923

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

QUINTA, JOHN G
82 SOUTHSIDE DR
RT 2 BOX 4330-20
CRAWFORDVILLE FL 32327

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 I 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 signature required when resigning)

DATE

5-7-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME QUINTA, JOHN G
STREET ADDRESS 82 SOUTHSIDE DR
CITY-ST-ZIP CRAWFORDVILLE FL

☐ DELETE

1.1 TITLE
1.2 NAME ☐ Change ☐ Addition

TITLE D
NAME QUINTA, JUDY S
STREET ADDRESS 82 SOUTHSIDE DR
CITY-ST-ZIP CRAWFORDVILLE FL

☐ DELETE

2.1 TITLE
2.2 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS
6.4 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)