# 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:29

DOCUMENT # G09432 (7)

1. Corporation Name
QUALITY GRASSING AND SERVICES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 17502 HIGHWAY 672<br>P.O. DRAWER 109<br>LITHIA FL 33547 | 17502 HIGHWAY 672<br>P.O. DRAWER 109<br>LITHIA FL 33547 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/23/1982
3a. Date of Last Report: 01/31/1994

2. Principal Place of Business (21)
2a. Mailing Address (28)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) (29) Country (25) (30)

4. FEI Number: 59-2233851 ☐ 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

BARNES, IRENE
WEST HWY 672,1 1/2 MI. W OF HWY 39 SOUTH
LITHIA FL 33547

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 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | BARNES, P HOWARD | 1.2 NAME | |
| STREET ADDRESS | 17502 HWY 672 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LITHIA, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | STD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BARNES, IRENE J | 2.2 NAME | |
| STREET ADDRESS | 17502 HWY 672 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LITHIA, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | VD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | THOMAS, J W | 3.2 NAME | |
| STREET ADDRESS | 1202 PELOTE CEMETARY RD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LITHIA, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | AVP | 4.1 TITLE | ☒ Change ☐ Addition |
| NAME | PRICE, ROBERT C | 4.2 NAME | |
| STREET ADDRESS | 904 GAMBIT PLACE | 4.3 STREET ADDRESS | 1312 Oxmoor Court |
| CITY-ST-ZIP | SEFFNER FL | 4.4 CITY-ST-ZIP | Valrico, FL 33594 |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(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:** Irene Barnes Irene Barnes - Sec.-Treas. 01/13/95 (813) 634-3326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0441080 FP