

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

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Feb 21, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G09432**

1. Corporation Name
QUALITY GRASSING AND SERVICES, INC.

Principal Place of Business 17502 HIGHWAY 672 P.O. DRAWER 108 LITHIA FL 33547	Mailing Address 17502 HIGHWAY 672 P.O. DRAWER 108 LITHIA FL 33547
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified 11/23/1982
21	22	26	4. FEI Number 59-2233851
Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	Applied For <input type="checkbox"/> Not Applicable
23	28	29	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country
25	26	27	28
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

BARNES, IRENE
 WEST HWY 672.1 1/2 MI. W OF HWY 39 SOUTH
 LITHIA FL 33547

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	AVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNES, P HOWARD	1.2 NAME	Armstrong, James L.
STREET ADDRESS	17502 HWY 672	1.3 STREET ADDRESS	1202 Pelote Cemetary Road
CITY-ST-ZIP	LITHIA, FL 00000	1.4 CITY-ST-ZIP	Lithia, FL 33547
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	AVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNES, IRENE J	2.2 NAME	Barnes, Thomas H.
STREET ADDRESS	17502 HWY 672	2.3 STREET ADDRESS	901 Woodview Drive
CITY-ST-ZIP	LITHIA, FL 00000	2.4 CITY-ST-ZIP	Brandon, FL 33511
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	AVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, J W	3.2 NAME	Thomas, Donald E.
STREET ADDRESS	1202 PELOTE CEMETARY RD	3.3 STREET ADDRESS	3917 Power Line Road
CITY-ST-ZIP	LITHIA, FL 00000	3.4 CITY-ST-ZIP	Lithia, FL 33547
TITLE	AVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, ROBERT C	4.2 NAME	
STREET ADDRESS	1312 OXMOOR COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Irene Barnes **AT BARNES REQUIRED** 01/05/99 (813) 634-3326
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)