PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H90458

QUALLSCO, INC.

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90061 005 ***150.00



| Principal Place | of Business | Mailing Address | | | | | 1817 61611 8 | 1817 87811 8 | (81) 4/8/1 /481 | |
|-----------------------------|--|--------------------------------|----------|-----------|--|---|----------------|-----------------|-----------------|-----|
| 1120 SANTA RO | | 1120 SANTA ROSA BLVD | | | | , | | | | |
| FT. WALTON BE | ACH FL 32548-6136 | FT. WALTON BEACH FL 32548-6136 | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | 3. Date Incorporated or Qualifed | | | | l |
| | | | | | | 12/18/1985 | | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number Applied Fe | | | | |
| 768 Beal Pkwy NW | | 26 768 Beal Pkwy NW | | | | 59-2609133 | | Not Applicable | | |
| Suite Apt. #, etc. Suite AQ | | Suite, Apt. #, etc. Suite AQ | | | | 5. Certifcate of Status Desired Fee Required | | | | |
| City & State | Walton Beach Florida | City & State | | | 6. Election Campaign Financing \$5:00 May Be | | | | | |
| Zip Zip | Country | Zip Country | | | | This corporation owes the current year Intangible | | | | |
| 32547 | | 29 32547-3042 30 USA | | | 1 | Personal Property Tax. | | | | |
| 24 32347 | 9. Name and Address of Current I | | · | | | 10. Name and Address of New Registe | ered Age | ent | | 1 |
| 0111 | | | | 81 N | lame | , | | | | |
| | L LS, AL P. JR. × SANTA-ROSA-BKVD 768 B€ | eal Pkwy NW Suite | AQ | 82 S | treet Addre | ss (P.O. Box Number is Not Acceptable) | | | | |
| FT V | VALTON BEACH FL 82548 3254 | | | | | | | | | { |
| 11. 1 | VALION BEACHTE 02040 | | | 83 | · | • | | | | |
| | | | | 84 C | ity | | Ct li | 35 Zip (| Code | 1 |
| | | 1002 4500 51-31-04-1-3 | 46 | | | retice authorite this statement for the numer | FL | nging ite | registered | ┨ |
| office or r | to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio | Florida, Such change was auth | onzec | i by the | corporation | ration submits this statement for the purpos i's board of directors. I hereby accept the a | appointm | ent as re | gistered | |
| SIGNATURE | | _ | | | | | | · | | |
| | Signature, typed or printed name of registered agent a | | gistered | Agent sig | nature required | when reinstating) DAT ADDITIONS/CHANGES TO OFFICER | | URECTO | DRS IN 12 | 1 8 |
| 12. | OFFICERS AND | DELETE | 1.1 Ti | TI F | | ADDITIONS/CHANGES TO OFFICER | | Change | ☐ Addition | |
| NAME | QUALLS, AL P. JR. | | 1.2 N | | | | _ | | | } |
| STREET ADDRESS | 1120 SANTA ROSA BLVD | | | REET ADI | -pess 76 | 68 Beal Pkwy NW Suite A | ΔQ | | | |
| | FT. WALTON BEACH FL | | | TY-ST-ZI | | · - | 2547 - | 3042 | | } |
| CITY-ST-ZIP | VD | ☐ DELETE | 2.1 17 | | | | |] Change | ☐ Addition | { |
| NAME | QUALLS, PEGGY | | 2.2 N | ME. | | | | | | |
| STREET ADDRESS | 1120 SANTA ROSA BLVD | | | REET AD | | 58 Beal Pkwy NW Suite A | | | | |
| CITY-ST-ZIP | FT. WALTON BEACH FL | | | ITY-ST-Z | TP / | ort Walton Beach FL 32 | 2547 - | 3042 | | |
| TITUE | SD= | DELETE==== | | ILE. | | | <u>K</u> |] Change- | Addition | ╁╌ |
| NAME | JONES, JOHNNIE D | | 3.2 Nz | WE | | | | | | 1 |
| STREET ADDRESS | 1120 SANTA ROSA BLVD | • | 3.3 S | TREET AD | DRESS 76 | 68 Beal Pkwy NW Suite A | \Q | | | |
| CITY-ST-ZIP | FT WALTON BCH FL 32548 | | 3.4. C | ITY-ST-Z | P Fo | ort Walton Beach FL 32 | 25 47 - | 3042 | | |
| TITLE | | ☐ DELETE | 4.1 TI | TLE | | | ٦. |] Change | ☐ Addition | |
| NAME | | | 4. 2 N | AME | | | | | | ļ |
| STREET ADDRESS | | | 4.3 S | REET AD | DRESS | | | | | |
| CITY-ST-ZIP | | | 4.4 CI | TY-ST-ZI | , | | | | | 1 |
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| STREET ADDRESS | | | | TREET AD | | | | | | |
| CITY-ST-ZIP | | | | TY-ST-ZI | P | | | 7.01 | | 1 |
| TITLE | | ☐ DELETE | 6.1 Π | | | - | |] Change | ☐ Addition | |
| NAME | • | | 6.2 N | | | | | | | - |
| STREET ADDRESS | | | 6.3 S | TREET AD | DRESS | | | | | |
| OFFIC OF TIP | | | 6.4 C | TY-ST-Zi | p | | | | | 1 |

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:

(850) 315-0737