

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

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95 MAY -1 AM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Montfort
Secretary of State
Division of Corporations

DOCUMENT # P93000066414 (2)

1. Corporation Name

QUALIFIED PROPERTY MANAGEMENT, INC.

DETACH WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
10730 U.S. 19 N., SUITE 17 PORT RICHEY FL 34688		10730 U.S. 19 N., SUITE 17 PORT RICHEY FL 34688	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	22. City & State	27. City & State
23. ZIP	28. ZIP	29. ZIP	30. ZIP
34668		34668	

3. Date Incorporated or Qualified	3a. Date of Last Report
09/23/1993	02/10/1994
4. FEI Number	Applied For
59-3210794	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. 190.032, Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GROSSMAN, ART 2608 W. PROSPECT ROAD TAMPA FL 33629		81. Name RUSS PEATE 82. Street Address (P.O. Box Number is Not Acceptable) 10730 US 19 N., SUITE 17 83. 84. City PORT RICHEY FL 85. Zip Code 34688 34668	

11. Pursuant to the provisions of Sections 607.0402 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: *Russ Peate* *02/10/94* *1-26-95*

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME GROSSMAN, ART 2. STREET ADDRESS 2608 W. PROSPECT ROAD 3. CITY, ST, ZIP TAMPA FL 33629	<i>Delete</i>	1. NAME RUSS PEATE 2. STREET ADDRESS 4604 SOUTH TRASK 3. CITY, ST, ZIP TAMPA, FL 33611	☒ Change ☐ Addition
4. NAME K.C. FISHER 5. STREET ADDRESS 5805 S. MACDILL AVE. 6. CITY, ST, ZIP TAMPA, FL 33611		☐ Change ☒ Addition	
		☐ Change ☐ Addition	
		☐ Change ☐ Addition	
		☐ Change ☐ Addition	
		☐ Change ☐ Addition	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 135.02(1)(b), Florida Statutes. I further certify that the information will affect on the annual report or supplemental annual report as 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 liquidator empowered to conduct the report as required by Chapter 135, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or as an attachment with an address.

SIGNATURE: *K.C. Fisher* *22895* *P31-550* *813*