

**CORPORATION
ANNUAL REPORT
1995**



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

95 MAR 10 PM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S32346 (6)

1. Corporation Name
QUALITY INSURANCE OF NORTHWEST FLORIDA, INC.

Principal Place of Business: **590 FERDON BLVD CRESTVIEW FL 32536**
Mailing Address: **590 FERDON BLVD CRESTVIEW FL 32538**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/18/1991**
3a. Date of Last Report: **04/22/1994**
4. FEI Number: **59-3046843**
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

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**WATSON, ELIZABETH LYNN
590 FERDON BLVD
CRESTVIEW FL 32536**

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

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	WATSON, ELIZABETH LYNN
STREET ADDRESS	590 FERDON BLVD
CITY-ST-ZIP	CRESTVIEW FL
TITLE	T
NAME	WATSON, ELIZABETH LYNN
STREET ADDRESS	590 FERDON BLVD
CITY-ST-ZIP	CRESTVIEW FL
TITLE	V
NAME	ELLIOTT, JUDITH L
STREET ADDRESS	RT 8 BOX 643
CITY-ST-ZIP	DEFUNIAK SPRINGS FL
TITLE	V
NAME	ELLIOTT, HAROLD B.
STREET ADDRESS	RT 8 BOX 643
CITY-ST-ZIP	DEFUNIAK SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 110.07(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: Elizabeth Lynn Watson Elizabeth Lynn Watson 3-6-95 (904) 682-2025
DATE: _____