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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P93000052522 (8)

QUEST-7, INC.

FILED Apr 16 1998 8:00am Secretary of State

WOLOT IT INO.				
Principal Place of Business	Mailing Address		- LEGINDOL HIR SOIDO HINN BONN DENLI BONN DONN	DITIM DINDU DILIM LUDYN 1141 INDI
507 MANATEE AVE	507 MANATEE AVE			
ELLENTON FL 34222	ELLENTON FL 34222			
US	US		DO NOT WRITE IN THI	S SPACE
			3. Date Incorporated or Qualified	
2. Principal Place of Business	2a, Mailing Address		07/22/1993 4. FEI Number	
21	26			Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		65-0428862	Not Applicable \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Regulred
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the c	current year Intangible
25	29	30	Personal Property Tax due June 30.	☐ Yes ☐ No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	d Agent
CAYLOR, SHIRLEY Y		81 Name	1	
507 MANATEE AVE		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
ELLENTON FL 34222				
		83		
		84 City		85 Zip Code
			F	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of	l Florida. Such change was au	thorized by the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the as	of changing its registered
agent. I am familiar with, and accept the obligati	ons of, Section 607.0505, Flor	da Statutes.		, , , , , , , , , , , , , , , , , , ,
SIGNATURE	1946-A) 4			
Signature typod or printed name of registered agent 12. OFFICERS AND		Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE P	DELETE	1.5 TITLE	ADDITIONS/CHANGES TO OFFICERS AF	Change Addition
NAME CAYLOR, CHARLES S	_	1.2 NAME		
STREET ADDRESS 507 MANATEE AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP ELLENTON FL		1.4 CITY - ST - ZIP		
TITLE V	DELETE	2.1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME CAYLOR, SHIRLEY		2.2 NAME		•
STREET ADDRESS 507 MANATEE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP ELLENTON FL		2. 4 CITY-ST-ZIP		i
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TITLE	☐ DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		j
CITY-ST-ZIP		5.4 CiTY+ST-ZIP		
TITLE	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS				
		6.3 STREET ADDRESS		i

14. I hereby certify that the information supplied with this filing does not quality 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 of 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.

CIONATURE Shulle 11 (AME)