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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

	1999	<u>.</u>				
DOCUMENT # <b>P95000075946</b> 1. Corporation Name				01-28-1999 90052 038 *****I	150.00	
QUEST	INTERGRATED SYSTEMS, IN					
Principal Plac	ce of Business	Mailing Address		- I INDIINET IIS (DIS) DEIII DRIII ODIIE EOIEI EDIEI	10541 41110 10111 B1810 B111 1801	
%DONALD MED	•	%DONALD MEDLEY	•		•	
256 LAKE PEARL DRIVE		256 LAKE PEARL DRIVE		•		
LAKE HELEN FL 32744 LAKE HELEN FL 32744			DO NOT WRITE IN THIS	S SPACE		
				3. Date Incorporated or Qualifed 10/02/1995		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3338821	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27	•		Fee Required	
City & Stat	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May BeAdded to Fees	
Zip .	Country	Zip	Country	8. This corporation owes the current year in		
24	25	~ <del></del>	30	Personal Property Tax.	☐ Yes ☐ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered	Agent .	
MED	DLEY, DONALD		81 Name			
256 LAKE PEARL DRIVE			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
LAKE HELEN FL 32744				A SEC SECURIOR SECURI	A DESCRIPTION OF THE STATE OF T	
	L HELLIN I E 02/44		83			
	•		84 City		85 Zip Code	
OFFICE PROPERTY.	Serger Control of the	المستخدمة والمستخدمة		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 of increase of changing its registered 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.						
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute f Florida, Such change was au	es, the above-named corp	oration submits this statement for the purpose of on's board of directors, I hereby accept the appo	f changing its registered intment as registered	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	and 607.1508, Florida Statute f Florida. Such change was au ons of, Section 607.0505, Flori	es, the above-named corp athorized by the corporation ida Statutes.	oration submits this statement for the purpose of on's board of directors. I hereby accept the appo	f changing its registered introduced	
office or read agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	f Flórida. Such change was au ons of Section 607.0505, Flori	ithorized by the corporation ida Statutes.	on's board of directors. I hereby accept the appo	f changing its registered intment as registered	
office or in agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation Signature, typed or printed name of registered agent	f Florida. Such change was au ons of Section 607.0505, Flori and title if applicable. (NOTE:	Ithorized by the corporation ida Statutes.  Registered Agent signature require	on's board of directors. I hereby accept the appo	intment as registered	
office or ragent 1 a SIGNATURE	registered agent, or both, in the State of am familiar with, and accept the obligation of a signature, typed or printed name of registered agent OFFICERS AND	f Florida. Such change was au ons of, Section 607.0505, Flor and title if applicable. (NOTE: 0 DIRECTORS	thorized by the corporation of t	on's board of directors. I hereby accept the appo	intment as registered  ND DIRECTORS IN 12	
office or raise agent 1 a SIGNATURE  12.	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of a signature, typed or printed name of registered agent of the state of	f Florida. Such change was au ons of Section 607.0505, Flori and title if applicable. (NOTE:	thorized by the corporation of t	on's board of directors. I hereby accept the appo	intment as registered	
office of ragent 1 a SIGNATURE  12. TITLE NAME	registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the st	f Florida. Such change was au ons of, Section 607.0505, Flor and title if applicable. (NOTE: 0 DIRECTORS	thorized by the corporation of t	on's board of directors. I hereby accept the appo	intment as registered  ND DIRECTORS IN 12	
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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.

6.4 CITY-ST-ZIP

SIGNATURE

NAME STREET ADDRES

CITY-ST-ZIP.

ATURE OF PRINTED NAME OF SIGNING OF PIECE OR DIRECTOR

1-11.94

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

904-228-2998 Daytime Phone # (06/11/30)