

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G09432

Entity Name: Q.G.S. DEVELOPMENT, INC.**Current Principal Place of Business:**1450 SOUTH PARK ROAD
PLANT CITY, FL 33566**Current Mailing Address:**1450 SOUTH PARK ROAD
PLANT CITY, FL 33566 US**FEI Number:** 59-2233851**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THOMAS, DONALD
1450 S. PARK ROAD
PLANT CITY, FL 33566 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	BARNES, P HOWARD
Address	17502 CR 672
City-State-Zip:	LITHIA FL 33547

Title	STD
Name	THOMAS, DONALD
Address	3917 POWERLINE ROAD
City-State-Zip:	LITHIA FL 33547

Title	VP
Name	ARMSTRONG, JAMES L
Address	P.O. BOX 3472
City-State-Zip:	W PALM BCH FL 33402

Title	VP
Name	BARNES, THOMAS H
Address	18202 BLEDSOE LOOP
City-State-Zip:	LITHIA FL 33547

Title	AVP
Name	WOODY, LARRY
Address	1211 LAVENDER JEWEL CT
City-State-Zip:	PLANT CITY FL 33566

Title	CFO
Name	FOWLER, GREG
Address	10013 OAK RUN DRIVE
City-State-Zip:	BRADENTON FL 34211

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD THOMAS**SECRETARY TREASURER** 01/17/2020_____
Electronic Signature of Signing Officer/Director Detail_____
Date