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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Secretary of State

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 191178

SIGNATURE:

(3)

QUALITY COMPANY INC

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Principal Place of Business Mailing Address 4874 ARROWHEAD DR. 4874 ARROWHEAD					d and as their series series series series series series	na miliat mimis dellat mimis	WIRIT BIBIT TORT
P.O. DRAWER		4874 ARROWHEAD 1 P.O. DRAWER 670	4874 ARROWHEAD DR				
MARIANNA FL 32446 MARIAN		MARIANNA FL 32440					
US US		US			3. Date Incorporated or Qualified	3a. Date of La	
2. Principal Pl	lace of Business	2a. Mailing Address			04/01/1956 4. FEI Number	03/18/19/	, , , , , , , , , , , , , , , , , , ,
21	nerod of the minder	26			59-0767961	ļ	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc),			- \$8.7	5 Additional
22		27			Certificate of Status Desired	7 -	e Required.
City & State	9	City & State			6. Election Campaign Financing	\$5.	00 May Be
3		28		· ····························	Trust Fund Contribution	☐ Add	led to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for		er s. 199.032,
4	25 9. Name and Address of Curr	29 rent Registered Agent	30	 	Florida Statutes 10. Name and Address of New Re	Yes No	
DEA	DOCH,W B	Tom regionered Agent		81 Name	10. Hame and Address of New Ne	Agistered Agent	
	4 ARROWHEAD DR.						
	RIANNA FL 32446			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
WWW.	MANUAL FORTO			83		<u> </u>	
				84 City		FL 85 7	Zip Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida \$	Statutes, the at	ove-named corp	poration submits this statement for the p	purpose of changir	ng its registered
orice or re	egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida. Such change ligations of, Section 607,050	was authorized 5. Florida Stati	i by the corpora utes.	poration submits this statement for the p tion's board of directors. I hereby acce	pt the appointment	t as registered
agent. Far							
SIGNATURE: _			.,				
SIGNATURE:	Signal ris, typed or printed name of registered	agent and life if applicable	INOTE: Registered	Agent signature requi		DATE	
Signature 12.	Signal inc. typed or printed name of registered. OFFICERS A	agent and fire if applicable	INOTE: Registered	Agent signature requi	ired when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECT	
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