FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:51

DOCUMENT # 453885 (6)

1. Corporation Name

QUALITY CONSTRUCTION OF SARASOTA, INC.

Principal Place of Business
1715 INDEPENDENCE BLVD
STE B2
SARASOTA FL 34234
US

Mailing Address
PO BOX 12306
SARASOTA FL 34278-2306
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/30/1974
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business: 21 1327 BANCHORY LANE SARASOTA FL. 34240
2a. Mailing Address: 26

4. FEI Number: 59-1531112 | Applied For | Not Applicable

Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State 23 | City & State 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip 24 | Country 25 | Zip 29 | Country 30

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ■ Yes ☐ No

9. Name and Address of Current Registered Agent

ORTLOFF, ERIC
3615 HIDDEN RIVER RD
SARASOTA FL 34240

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 ________ DATE ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ORTLOFF, ERIC	1.2 NAME	
STREET ADDRESS	3615 HIDDEN RIVER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	ORTLOFF, VONNIE	2.2 NAME	
STREET ADDRESS	3615 HIDDEN RIVER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	HORST, LARRY	3.2 NAME	
STREET ADDRESS	4046 WOODVIEW DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	MATTHEWS, LORETTA	4.2 NAME	
STREET ADDRESS	1327 BANCHORY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(1)(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.

SIGNATURE: LORETTA MATTHEWS [signature] JUNE 26, 1995 941-366-9701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · DATE · DAYTIME PHONE #

0406083 FP