

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **453885** (6)

1. Corporation Name

QUALITY CONSTRUCTION OF SARASOTA, INC.



Principal Place of Business

Mailing Address

**1327 BANCHORY LANE
STE B2
SARASOTA FL 34278
US**

**PO BOX 12306
SARASOTA FL 34278-2306
US**

3. Date Incorporated or Qualified

05/30/1974

3a. Date of Last Report

06/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 **P.O. BOX 7524**

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29 **34278**

30 **U.S.**

4. FEI Number

59-1531112

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when making report)

Date

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ORTLOFF, ERIC**
STREET ADDRESS **3615 HIDDEN RIVER ROAD**
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☐ DELETE

NAME **ORTLOFF, VONNIE**
STREET ADDRESS **3615 HIDDEN RIVER ROAD**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VD** ☒ DELETE

NAME **HORST, LARRY**
STREET ADDRESS **4046 WOODVIEW DRIVE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **TD** ☐ DELETE

NAME **MATTHEWS, LORETTA**
STREET ADDRESS **1327 BANCHORY LANE**
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS

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(3)(k), 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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORETTA MATTHEWS

Date

7-5-96 (941) 366-9781

Telephone #

CR2E034 (3/96)