

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 497076 (0)

1. Corporation Name

QUALITY BODY SHOP, INC.



Principal Place of Business

Mailing Address

882 BLOUNTSTOWN HIGHWAY
TALLAHASSEE FL 32304

882 BLOUNTSTOWN HIGHWAY
TALLAHASSEE FL 32304

3. Date Incorporated or Qualified
02/20/1976

3a. Date of Last Report
04/28/1995

4. FEI Number

59-1648380

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGLAMORY, N J
5661 WIDEFIELD ROAD
TALLAHASSEE FL 32308

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

N. Jane McGlamory

(NOTE: Registered Agent Signature Required When Applicable)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	VP and ST	<input type="checkbox"/> DELETE
NAME	MCGLAMORY, N. JANE	
STREET ADDRESS	5661 WIDEFIELD ROAD	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	ROESSLER, RONALD	
STREET ADDRESS	4318 SHERBORNE RD	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MCGLAMORY, SIDNEY	
STREET ADDRESS	5661 WIDEFIELD DRIVE	
CITY - ST - ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Sidney and Jane McGlamory	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	4128 Little Egypt Plantation Road	
1.3 STREET ADDRESS	Tallahassee, Florida 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.4 CITY - ST - ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	Sidney and Jane McGlamory	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	4128 Little Egypt Plantation Road	
3.3 STREET ADDRESS	Tallahassee, Florida 32308	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.4 CITY - ST - ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

N. Jane McGlamory
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

904-576-5139

CR2E034 (12/95)