Feb 13, 1999 8:00 am Secretary of State

02-13-1999 90020 049 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

7. Corporation	MENT # 561255 UALITY MARKETING, INC.	5					
Principal Place	e of Business	Mailing Address			A LORDER MILITE BILDE LIBER HEIDT BEIDT BEIDT		AL BIBIL FREI
10910 NW 12TH PLACE GAINESVILLE FL 32606-5460		10910 NW 12TH PLACE GAINESVILLE FL 32606-5460			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed 03/06/1978	-	
2. Principal P	lace of Business	2a. Mailing Address 26			4. FEI Number 59-1818453	_ 	lied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Ad Fee Req	
City & State	е	City & State	⊢ , ′		6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	,
Zip 24	Country 25	Zip 30	Countr	У	8. This corporation owes the current year Intangent Personal Property Tax.	gible]Yes	(No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Ag		
DUNN, W PHILLIP 10910 NW 12 PLACE GAINESVILLE FL 32606			8:	2 Street	Address (P.O. Box Number is Not Acceptable)	- 1 - 2°.	
			8-	4 City	FI	85 Zip Co	ode
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was auth	orized b	y the corpo	corporation submits this statement for the purpose of choration's board of directors. I hereby accept the appointment	anging its re nent as regi	egistered stered
SIGNATURE							
-40	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Reg	gistered Ag	ent signature r	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIDECTOR	S IN 12
TITLE	SDP OFFICERS A	DELETE	1.1 TITLE			Change	Addition
NAME	DUNN, W PHILLIP		1.2 NAME				
STREET ADDRESS	10910 NW 12TH PLACE			ET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 00000		1.4 CITY-				
TITLE			2.1 TITLE		. [] Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE			3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				ET ADDRESS			. 3
CITY-ST-ZIP		☐ DELETE	3.4. CITY- 4.1 TITLE			☐ Change	Addition
TITLE			4.1 IIILE 4.2 NAME		· · · · ·	_ 01101190	
NAME STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			4.3 STREE				

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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, with all other like empowered.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

DELETE

Change

☐ Change

☐ Addition

☐ Addition