

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 639456**

1. Entity Name  
FLORIDA QUALITY PRODUCTS, INC.



Principal Place of Business

2000 N KINGS HWY  
P.O. BOX 670  
FT. PIERCE, FL 34954

Mailing Address

P.O. BOX 670  
FT. PIERCE, FL 34954

**DO NOT WRITE IN THIS SPACE**



02202008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1971246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MINTON, JOHN L  
4905 4TH ST  
VERO BEACH, FL 32962

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when renating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000910727  
05/07/09-80012-020 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MINTON, JOHN L  
STREET ADDRESS 4905 4TH STREET  
CITY - ST - ZIP VERO BEACH, FL 32962

TITLE D  
NAME MINTON, SHIRLEY A  
STREET ADDRESS 2501 S INDIAN RIVER DRIVE  
CITY - ST - ZIP FORT PIERCE, FL 34950

TITLE STD  
NAME MINTON, MICHAEL D  
STREET ADDRESS 2513 INDIAN RIVER DRIVE  
CITY - ST - ZIP FT PIERCE, FL

TITLE VD  
NAME MINTON, B.T.  
STREET ADDRESS 8431 HIDDEN PINES ROAD  
CITY - ST - ZIP FORT PIERCE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

John L. Minton, President

04/17/08

772-464-3502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #