

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB 10 PM 1:19

**DOCUMENT # G03909**

**(0)**

1. Corporation Name

**QUALITECH, INC.**

Principal Place of Business

**495 CABOSE PLACE  
MULBERRY FL 33660  
US**

Mailing Address

**PO BOX 948  
MULBERRY FL 33660-0948  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**10/11/1982**

3a. Date of Last Report  
**09/22/1994**

4. FEI Number  
**59-2223017**

Applied For  
☐ Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

Country

24

Zip

Country

29

30

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

**HASTY, EARL M  
5124 MEDULLA RD  
LAKELAND FL 33811**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

**HASTY, EARL M**

STREET ADDRESS

**5124 MEDULLA RD**

CITY - ST - ZIP

**LAKELAND FL**

TITLE

V

NAME

**HASTY, THOMAS L SR**

STREET ADDRESS

**6836 PINETREE LANE E**

CITY - ST - ZIP

**LAKELAND FL**

TITLE

ST

NAME

**HASTY, DARLENE J**

STREET ADDRESS

**5124 MEDULLA RD**

CITY - ST - ZIP

**LAKELAND FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**President**

☒ Change ☐ Addition

1.2 NAME

**Hasty Earl M.**

1.3 STREET ADDRESS

**3309 Cindy Lynn Place**

1.4 CITY - ST - ZIP

**Lithia, FL 33547**

2.1 TITLE

**ST**

☒ Change ☐ Addition

2.2 NAME

**Mona F. Hasty**

2.3 STREET ADDRESS

**6836 Pinetree Lane E.**

2.4 CITY - ST - ZIP

**Lakeland, FL 33811**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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

**Earl M. Hasty**

**2-6-95**

**813-425-1728**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number