

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 MAR - 8 PM 2: 07

DOCUMENT # F57229 (9)
1. Corporation Name
QUALITY COMMUNITIES, INC.

Principal Place of Business Mailing Address
C/O CHARLES B. MITCHELL, JR.
1958-B COMMONWEALTH LANE
TALLAHASSEE FL 32303
C/O CHARLES B. MITCHELL, JR.
1958-B COMMONWEALTH LANE
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/04/1981 3a. Date of Last Report 03/03/1994
4. FEI Number 59-2137571 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 1741 BEECHWOOD CIR S 26 1741 BEECHWOOD CIR S
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 TALLAHASSEE FL 28 TALLAHASSEE FL
Zip Country Zip Country
24 32301 25 32301 29 32301 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, CHARLES B JR
1958-B COMMONWEALTH LN
TALLAHASSEE FL 32303

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1741 BEECHWOOD CIRCLE SOUTH
83
84 City TALLAHASSEE FL 85 Zip Code 32301

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 date of appointment

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
MITCHELL, JR., CHARLES B.
1958-B COMMONWEALTH LN
TALLAHASSEE, FL 00000

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1741 BEECHWOOD CIRCLE SOUTH
1.4 CITY - ST - ZIP TALLAHASSEE, FLA, 32301

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 110.07(3)(b), 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:

C.B. MITCHELL, JR. PRES.

Pro. 3/6/95 878-3626
DATE