FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:56

DOCUMENT # **F60377** (1)

1. Corporation Name
QUALITY CONTROL ENTERPRISES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
P O BOX 2648 SANFORD FL 32772-0402 US	P O BOX 2648 SANFORD FL 32772-0402 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/30/1981**
3a. Date of Last Report: **06/28/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-3101145** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JACKSON, MICHAEL K.
1215 WAR ADMIRAL DR.
DELAND FL 32724

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	JACKSON, MICHAEL K.	12 NAME	
STREET ADDRESS	1215 WAR ADMIRAL DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION ANNUAL REPORT 1995

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

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DOCUMENT # F63339 (8)

1. Corporation Name
PENINSULA TRANSPORT, INC.

Principal Place of Business	Mailing Address
2001 ROCK SPRINGS RD. APOPKA FL 32712	2001 ROCK SPRINGS RD. APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/15/1982
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2195656	Applied For / Not Applicable
21 31545 COUNTY RD 437	26 31545 COUNTY RD 437		
Street Address 22 SORRENTO, FLA.	Street Address 27 SORRENTO,	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 FLORIDA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 32776 Country 25 USA.	Zip 29 32776 Country 30 USA	8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOSSETT, DUANE 2001 ROCK SPRINGS RD APOPKA FL 32712	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 31545 COUNTY RD 437 83 84 City SORRENTO, FL 85 Zip Code 32776

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: Duane Gossett — DUANE GOSSETT (Typed or printed name of registered agent and title if applicable) — (NOTE: Registered Agent signature required when name changes) — DATE: 1-14-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	GOSSETT, DUANE	12 NAME	
STREET ADDRESS	1224 LAVANHAM COURT	13 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	GOSSETT, JOYCE M	22 NAME	
STREET ADDRESS	1224 LAVANHAM COURT	23 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We 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)(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 1 or Block 11 if changed, or on an attachment with an address.

SIGNATURE: Duane Gossett — SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF OFFICER OR DIRECTOR — 1/16/95 (Date) — 904-735-3553 (Daytime Phone #)

0030101 CP