

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000005355 (2)

1. Corporation Name

QUICK STOP FIRE AND SAFETY SERVICE, INC.

Principal Place of Business

3824 N.DAVIS HWY  
PENSACOLA FL 32503

Mailing Address

3412 ASHMORE LN.  
PACE FL 32571



3. Date Incorporated or Qualified  
10/14/1994

3a. Date of Last Report  
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21 3842 N. Davis Hwy

26 3842 N. Davis Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Pensacola FL

28 Pensacola Florida

Zip

Country

Zip

Country

24 32503

25 USA

29 32503

30 USA

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

10. Name and Address of New Registered Agent

BEYROUTY, LOUIS  
3412 ASHMORE LN.  
PACE FL 32571

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME WYCKOFF, C.  
STREET ADDRESS 7 W. UPPER FERRY RD.  
CITY-ST-ZIP WEST TRENTON NJ 08628

1.1 TITLE T  
1.2 NAME Wyckoff, C.  
1.3 STREET ADDRESS 7 W. Upper Ferry Rd  
1.4 CITY-ST-ZIP West Trenton NJ 08628

TITLE VSD  
NAME BEYROUTY, L.  
STREET ADDRESS 3412 ASHMORE LN.  
CITY-ST-ZIP PACE FL 32571

2.1 TITLE P  
2.2 NAME Tortajada, R  
2.3 STREET ADDRESS 5311 Potosi Way  
2.4 CITY-ST-ZIP Pensacola FL 32504

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/96

904-470-9100

CR2E034 (12/95)