

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96979 (2)

1. Corporation Name

QUALITY INSURANCE OF TALLAHASSEE, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/26/1982	3a. Date of Last Report 04/04/1994
4. FEI Number 59-2209593	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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**NEWMAN, CHRISTEL M
710 WESTWAY RD
TALLAHASSEE FL 32310**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, EUGENE G	1.2 NAME	
STREET ADDRESS	710 WESTWAY ROAD	1.3 STREET ADDRESS	
CITY-ST- ZIP	TALLAHASSEE FL	1.4 CITY-ST- ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	RICH, STACIE N.	2.2 NAME	
STREET ADDRESS	714 WESTWAY ROAD	2.3 STREET ADDRESS	
CITY-ST- ZIP	TALLAHASSEE FL	2.4 CITY-ST- ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	RICH, KENNETH L.	3.2 NAME	
STREET ADDRESS	714 WESTWAY ROAD	3.3 STREET ADDRESS	
CITY-ST- ZIP	TALLAHASSEE FL	3.4 CITY-ST- ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, JAN C.	4.2 NAME	
STREET ADDRESS	1373 MCCULLOUGH RD, #15	4.3 STREET ADDRESS	
CITY-ST- ZIP	TALLAHASSEE FL	4.4 CITY-ST- ZIP	
TITLE	STD	5.1 TITLE	☐ Change ☐ Addition
NAME	NEWMAN, CHRISTEL M.	5.2 NAME	
STREET ADDRESS	710 WESTWAY ROAD	5.3 STREET ADDRESS	
CITY-ST- ZIP	TALLAHASSEE FL	5.4 CITY-ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST- ZIP		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 (changed, or on an attachment with an addendum).

SIGNATURE: Eugene G. Newman 3 29 95 8773224
(Signature) (Typed Name)