

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90061 017 ***150.00

DOCUMENT # F98000004129

1. Corporation Name

QA1 PRECISION PRODUCTS, INC.



Principal Place of Business

Mailing Address

21730 HANOVER AVE.
LAKEVILLE MN 55044

21730 HANOVER AVE.
LAKEVILLE MN 55044

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1998

4. FEI Number

41-1764634

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEES, HARCOURT A
7377 SOUTHWEST 48TH AVE.
PALM CITY FL 34990

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 *Harcourt A. Lees*
Signature, typed or printed name of registered agent and date if applicable.

Harcourt A. Lees

(NOTE: Registered Agent signature required when reinstating)

3/23/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C ☐ DELETE
NAME JORDAN, JAMES H
STREET ADDRESS 13819 GROTHE CIRCLE
CITY-ST-ZIP APPLE VALLEY MN 55124

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DV ☐ DELETE
NAME KING, CHRISTINA L
STREET ADDRESS 13312 HUNTINGTON DRIVE 18201 Jaguar Path
CITY-ST-ZIP APPLE VALLEY MN 55124 Lakeville, MN 55044

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D ☐ DELETE
NAME SOWIEJA, STEVEN E
STREET ADDRESS 3100 225TH STREET SOUTHWEST
CITY-ST-ZIP FARMINGTON MN 55024

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

☐ Change ☐ Addition

TITLE DS ☐ DELETE
NAME SEVERSON, LARRY S
STREET ADDRESS 14700 DORY COURT
CITY-ST-ZIP APPLE VALLEY MN 55124

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

☐ Change ☐ Addition

TITLE PT ☐ DELETE
NAME JORDAN, JAMES H
STREET ADDRESS 13819 GROTHE CIRCLE
CITY-ST-ZIP APPLE VALLEY MN 55124

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

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Harcourt A. Lees*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99

Date

1612-985-5675

Daytime Phone #

CR2F034 (11/98)