

**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

**PAID**  
APR 19 1996  
CKT 9298  
Amount \$330.00

DOCUMENT # **G03909 (0)**  
1. Corporation Name  
**QUALITECH, INC.**



Principal Place of Business  
**495 CABOSE PLACE  
MULBERRY FL 33860  
US**

Mailing Address  
**PO BOX 948  
MULBERRY FL 33860-0948  
US**

3. Date Incorporated or Qualified **10/11/1982**      3a. Date of Last Report **02/10/1995**

4. FEI Number **59-2223017**      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      25. Country

2a. Mailing Address  
26. Suite, Apt. #, etc.  
27. City & State  
28. Zip      29. Country      30.

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**HASTY, EARL M  
5124 MEDULLA RD  
LAKELAND FL 33811**

81 Name **Hasty, Earl M.**  
82 Street Address (P.O. Box Number is Not Acceptable) **3309 Cindy Lynn Place**  
83 **PO BOX 151**  
84 City **Lithia**      FL 85 Zip Code **33547**

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 provisions of Sections 607.0505 Florida Statutes.

SIGNATURE: *Earl M. Hasty*

(With Full Name and Signature of the Agent)

4/25/96

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>HASTY, EARL M</b>	
STREET ADDRESS	<b>3309 CINDY LYNN PLACE</b>	
CITY - ST - ZIP	<b>LITHIA FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>HASTY, MONA F</b>	
STREET ADDRESS	<b>6836 PINETREE LANE E</b>	
CITY - ST - ZIP	<b>LAKELAND FL</b>	
TITLE	<b>ST Business Development</b>	<input type="checkbox"/> DELETE
NAME	<b>HASTY, DARLENE J</b>	
STREET ADDRESS	<b>5124 MEDULLA RD</b>	
CITY - ST - ZIP	<b>LAKELAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>B/C HASTY, Darlene</b>
3.3 STREET ADDRESS	<b>5124 medulla rd.</b>
3.4 CITY - ST - ZIP	<b>Lakeland, FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Earl M. Hasty*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96 941-425-1728

CR2E034 (12/95)