SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 JUL -5 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H76074** **(4)**

1. Corporation Name
QUALITY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2703 WESTHALL LANE, SUITE 205 MAITLAND FL 32751	2703 WESTHALL LANE, SUITE 205 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/13/1985	04/19/1994

2. Principal Place of Business (21) — 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) — Suite, Apt. #, etc. (27)

City & State (23) — City & State (28)

Zip (24) — County (25) — Zip (29) — County (30)

4. FEI Number **59-2535057** ☐ 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 assets for chargeable tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THOMPSON, LOIS R.
2703 WESTHALL LN 205
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name: Thompson, Lois R
82 Street Address (P.O. Box Number is Not Acceptable): 354 N. ORLANDO AVE
83
84 City: Maitland FL 85 Zip Code: 32751

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TYPE OF FILING AND DELETIONS
TITLE	V	11 TITLE ☐ Change ☐ Addition
NAME	THOMPSON, JAMES D.	12 NAME
STREET ADDRESS	1009 MAITLAND CTR COMMON	13 STREET ADDRESS
CITY ST ZIP	MAITLAND FL	14 CITY ST ZIP
TITLE	P	21 TITLE ☐ Change ☐ Addition
NAME	THOMPSON, LOIS R.	22 NAME
STREET ADDRESS	1009 MAITLAND CTR COMMON	23 STREET ADDRESS
CITY ST ZIP	MAITLAND FL	24 CITY ST ZIP
TITLE	ST	31 TITLE ☐ Change ☐ Addition
NAME	THOMPSON, MARTIN J.	32 NAME
STREET ADDRESS	1009 MAITLAND CTR COMMON	33 STREET ADDRESS
CITY ST ZIP	MAITLAND FL	34 CITY ST ZIP
TITLE	T	41 TITLE ☐ Change ☐ Addition
NAME	THOMPSON, MICHAEL J.	42 NAME
STREET ADDRESS	26703 WESTHALL LN 205	43 STREET ADDRESS
CITY ST ZIP	MAITLAND FL	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

CR2E034 (3/95)

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 above, or on an attachment with an address.

SIGNATURE: Lois R Thompson 6-28-95 629-9668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0007810 CP