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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H91370 (7)

1. Corporation Name
QUALITY M ENTERPRISES, INC.

Principal Place of Business

10800 BEULAH ROAD
PENSACOLA FL 32526

Mailing Address

10800 BEULAH ROAD
PENSACOLA FL 32526-4173



3. Date Incorporated or Qualified
01/01/1986

3a. Date of Last Report
04/23/1996

2. Principal Place of Business
21 10800-A BEULAH ROAD

Suite, Apt. #, etc.

22 City & State

23 PENSACOLA FL

24 Zip

32526

Country

25 ESCAMBIA

2a. Mailing Address

26 10800-A BEULAH ROAD

Suite, Apt. #, etc.

27 City & State

28 PENSACOLA FL

Zip

32526

Country

30 ESCAMBIA

4. FEI Number

59-2618311

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

9. Name and Address of Current Registered Agent

BEASLEY, JIM G.
10800 BEULAH ROAD
PENSACOLA FL 32526

10. Name and Address of New Registered Agent

81 Name

JIM G. BEASLEY

82 Street Address (P.O. Box Number is Not Acceptable)

10800-A BEULAH ROAD

83

84 City

PENSACOLA

FL

85 Zip Code

32526

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-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME BEASLEY, JIM G.
STREET ADDRESS 10800 BEULAH ROAD
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE D
NAME BEASLEY, AMANDA C.
STREET ADDRESS 10800 BEULAH ROAD
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

TITLE D
NAME BEASLEY, J DWIGHT
STREET ADDRESS 10800 BEULAH RD
CITY-ST-ZIP PENSACOLA FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

AMANDA C BEASLEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-97 (904) 944-0994
Date Daytime Phone #

CR2E034 (9/96)