

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J00954

(4)

1. Corporation Name

QUALITY HOMES, INC.

Principal Place of Business

5009 TROUBLE CREEK RD
NEW PORT RICHEY FL 34652
US

Mailing Address

5009 TROUBLE CREEK RD.
NEW PORT RICHEY FL 34652
US

2. Principal Place of Business

21 9720 Delray Dr.

2a. Mailing Address

26 9720 Delray Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 New Port Richey, Fl.

City & State

28 New Port Richey, Fl.

Zip

24 34654

Country

25 USA

Zip

29 34654

Country

30 USA

9. Name and Address of Current Registered Agent

BOUFFARD, STEVE
5009 TROUBLE CREEK RD
NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified

02/19/1986

3a. Date of Last Report

07/11/1996

4. FEI Number

59-2682723

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 or has paid the current year Intangible
Personal Property Tax due June 30. XXXXs ☐ No

10. Name and Address of New Registered Agent

81

Name

Steve Bouffard

82

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

9720 Delray Dr.

83

84

City

New Port Richey

FL

85

Zip Code

34654

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BOUFFARD, STEVE
STREET ADDRESS 5009 TROUBLE CREEK RD
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE VD ☒ DELETE

NAME BOUFFARD, KEN
STREET ADDRESS 5009 TROUBLE CREEK RD
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE VD ☐ DELETE

NAME BOUFFARD, DEBBIE
STREET ADDRESS 5009 TROUBLE CREEK RD
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE TD ☐ DELETE

NAME TURPIN, JOE
STREET ADDRESS 5009 TROUBLE CREEK RD
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200002250492--0
-07/29/97--01059--004
****165.00 ****165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

APPROVED
AND
FILED

1997 JUL 24 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

pg 1 of 2



DO NOT WRITE IN THIS SPACE

CR2E034 (4/97)

Quality Homes, Inc.

Serving Florida Since 1985



pg 2 of 2

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Quality Homes, Inc.
59-2682723

To Whom It May Concern,

I respectfully request your attention to our account status. As we just received our second notice from you for the Corporation Annual Report on July 18, 1997 and as of that date did not have any knowledge or receipt of the first Annual Report coming to our office. As you can see on the enclosed Annual report we have had an address change and have not received all of our mail promptly.

We apologize for any inconvenience. This added late fee will be an **extreme hardship** on our small company and we request and would greatly appreciate your consideration in abatement of this late fee. Please find enclosed the check in the amount of \$165.00.

Sincerely,
QUALITY HOMES, INC.



Debbie Bouffard
Office Manager