

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

DOCUMENT # J15059 (5)

1. Corporation Name

QUALTEST, INCORPORATED



Principal Place of Business

5325 OLD WINTER GARDEN ROAD BLDG. C
P.O. BOX 617200
ORLANDO FL 32861-7200

Mailing Address

5325 OLD WINTER GARDEN ROAD BLDG. C
P.O. BOX 617200
ORLANDO FL 32861-7200

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

NEWCOMB, HAROLD W.
5325 OLD WINTER GARDEN ROAD
ORLANDO FL 32811

3. Date Incorporated or Qualified

05/05/1986

3a. Date of Last Report

03/14/1995

4. FEI Number

59-2690412

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

10. Name and Address of New Registered Agent

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

Signature of person performing duty of registered agent

(Note: Registered Agent signature required when replacing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
VD
NEWCOMB, HAROLD W.
STREET ADDRESS
7051 GROVELAND AIRPORT RD.
CITY, ST, ZIP
GROVELAND FL

TITLE ☐ DELETE

NAME
PDT
DEPENTHAL, FRITZ JR.
STREET ADDRESS
7756 HARLIE
CITY, ST, ZIP
ORLANDO FL

TITLE ☐ DELETE

NAME
S
HAMER, LARRY E.
STREET ADDRESS
1273 CAROLYN DRIVE
CITY, ST, ZIP
CLERMONT FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

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

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:

Harold W. Newcomb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HAROLD W. NEWCOMB

2/15/96
Date

(407) 293-5844
Daytime Phone #

CR2E034 (12/95)