## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Feb 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT** # J38935 (9)COPY QUICK, INC. Principal Place of Business Mailing Address 5325 KELLY RD. 5325 KELLY RD. TAMPA FL 33615 TAMPA FL 33615 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/22/1986</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-2727963 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Zıp 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes Yes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SOROTA, JOSEPH J JR 28100 US 19 N 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 504 83 **CLEARWATER FL 34621** 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DETETE ☐ Addition TITLE 1.1 TITLE Change NAME HUNT, LAURENCE J. 1.2 NAME 3508 WOODRIDGE PL STREET ADDRESS 1.3 STREFT ADDRESS PALM HARBOR FL CITY-ST-ZIP 1.4 CHY-ST-78P DELETE Addition TITLE 217016 NAME HUNT, MAUREEN T. 2.2 NAME STREET ADDRESS 3508 WOODRIDGE PL 23 STREET ADDRESS PALM HARBOR FL 2 4 CITY- ST-ZIP CITY-SY-ZIP DELETE Addition TITLE 3 1 111 6 NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP

14. Thereby 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 suppliemental immost 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 13 if changed, or on a parameter with join additional statutes.

4 1 TITLE

4. 2 NAME 4 3 STREET ADDRESS

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

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813-886-9107

Change

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