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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:38

DOCUMENT # J54709 (7)

1. Corporation Name
QUALITY TRANSPORT, INC.

Principal Place of Business	Mailing Address
15600 MT HOMER RD STE 4 STE 3 EUSTIS FL 32726 US	15600 MT HOMER RD STE 4 STE 3 EUSTIS FL 32726 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/29/1987
3a. Date of Last Report: 05/01/1994

	Principal Place of Business	Mailing Address
2. / 2a.	21 1250 MT. HOMER RD.	26 1260 MT. HOMER RD
Suite, Apt. #, etc.	22 SUITE # 4	27 SUITE # 4
City & State	23 EUSTIS, FL	28 EUSTIS, FL
Zip / Country	24 32726 / 25 LAKE	29 32726 / 30 LAKE

4. FEI Number: 59-2781559 ☐ 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

SANFORD, BRUCE
1250 MT. HOMER RD
STE 3
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name: SANFORD, BRUCE
82 Street Address (P.O. Box Number is Not Acceptable): 1250 MT. HOMER RD.
83: STE 4
84 City: EUSTIS FL 85 Zip Code: 32726

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
(If changing Registered Agent, Registered Agent must sign here)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	D ☒ Change ☐ Add
NAME	SANFORD, BRUCE	12 NAME	SANFORD, BRUCE
STREET ADDRESS	2434 FAIRWAY AVE	13 STREET ADDRESS	2434 FAIRWAY AVE
CITY-ST-ZIP	EUSTIS FL	14 CITY-ST-ZIP	EUSTIS, FL
TITLE	STD	21 TITLE	PSTD ☒ Change ☐ Add
NAME	NACKE, GREGORY	22 NAME	NACKE, GREGORY
STREET ADDRESS	19425 SPRING OAK DR	23 STREET ADDRESS	19425 SPRING OAK DR.
CITY-ST-ZIP	EUSTIS FL	24 CITY-ST-ZIP	EUSTIS, FL
TITLE		31 TITLE	☐ Change ☐ Add
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Add
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Add
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Add
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I (we) hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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: Gregg Nacke President 3-8-95 800874 9066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

004B13 CP