SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **J54709** **(7)**

1. Corporation Name
QUALITY TRANSPORT, INC.

Principal Place of Business	Mailing Address
1250 MT HOMER RD SUITE 4 EUSTIS FL 32726 US	1250 MT. HOMER RD SUITE 4 EUSTIS FL 32726 US

3. Date Incorporated or Qualified: **01/29/1987**
3a. Date of Last Report: **03/14/1995**

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

2. Principal Place of Business	2a. Mailing Address
21 2707 W Hwy 44	26 PO Box 650
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State: Eustis FL	28 City & State: Tavares FL
24 Zip: 32726 25 Country: Lake Cty	29 Zip: 32778 30 Country: LK Cty

9. Name and Address of Current Registered Agent

SANFORD, BRUCE
1250 MT. HOMER RD
SUITE 4
EUSTIS FL 32726

10. Name and Address of New Registered Agent

81 Name: Bruce Sanford
82 Street Address (P.O. Box Number is Not Acceptable): ~~PO Box 650~~ 2702 W Hwy 44
83
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: Bruce Sanford DATE: 7-19-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

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

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Greg Nacke 7/17/96 3524830192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
GREG NACKE PRESIDENT