## 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 # K05840

(9)

## QUALITY POWER TOOL SERVICE, INC.

Principal Place of Business	Mailing Address
4995 71ST AVENUE N. P O BOX 2571 PINELLAS PARK FL 34685 US	4995 71ST AVENUE N. P O BOX 2571 PINELLAS PARK FL 34884-2571 US
2. Principal Place of Business	2e. Mailing Address
21	26

**FILED** Sep 08 1997 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/07/1987 4. FE! Number 02/20/1996 Applied For Not Applicable 59-2859940 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Regulred City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Zip 3378 Country Country 8. This corporation owes or has paid the current year Intangible 33780-2571 25 Personal Property Tax due June 30 Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMITH, CLIFF 4995 71ST AVENUE NORTH 82 Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK FL 34665 83 Zip Code **337***B***/** 84 City 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 agont, 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 12. OFFICERS AND DIRECTORS 13. Addition TITLE **PSTD** DELETE 1.1 TITLE Change SMITH, CLIFF NAME 1.2 NAME 5901-91ST AVE N. STREET ADDRESS 1.3 STREET ADDRESS *3*3782 PINELLAS PARK FI 1.4 C/TY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 2.1 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - 7IP DELFTE 4.1 TITLE Change Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

14. I do hereby 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 supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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