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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # K08196 (3)

1. Corporation Name
DAVE'S QUALITY SERVICES, INC.

Principal Place of Business	*Mailing Address*
1403 SW 15TH TERR CAPE CORAL FL 33991	1403 SW 15TH TERR CAPE CORAL FL 33991-2973

3. Date Incorporated or Qualified: 12/21/1987
3a. Date of Last Report: 02/13/1996

2. Principal Place of Business	2a. Mailing Address
21 1823 Piccadilly Circle	26 1823 Picadilly Circle
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Cape Coral, FL	28 Cape Coral, FL
24 Zip 33991 25 Country LEE	29 Zip 33991 30 Country LEE

4. FEI Number: 65-0017218 ☐ 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

HEIDIG, MARK
3716 S.W. 7TH PLACE
CAPE CORAL FL 33914

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GYDOSH, DAVID		1.2 NAME	
STREET ADDRESS	1403 SW 15TH TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GYDOSH, BONNIE		2.2 NAME	
STREET ADDRESS	1403 S.W. 15TH TERR		2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CLASSETTI, MICHAEL		3.2 NAME	
STREET ADDRESS	2008 SW 7TH PL		3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL		3.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HEIDI, MARK		4.2 NAME	
STREET ADDRESS	3716 S.W. 7TH PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: Bonnie Gydosh Bonnie Gydosh 4/14/97 (941) 283-5153