FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

▲ - PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **L26438** **(6)**

1. Corporation Name
QUALITY BUSINESS, INC.

Principal Place of Business
11201 DANKA CIRCLE NORTH
CORP. TAX
ST. PETERSBURG FL 33716

Mailing Address
11201 DANKA CIRCLE NORTH
CORP. TAX
ST. PETERSBURG FL 33716

3. Date Incorporated or Qualified
10/31/1989

3a. Date of Last Report
04/27/1995

4. FEI Number
65-0157034
☐ 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
21
22 State, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 Section 607.0502 and 607.1105, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	DOYLE, DANIEL M.		2 NAME	
STREET ADDRESS	11201 DANKA CIRCLE NORTH		3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	SNELL, DAVID C.		6 NAME	
STREET ADDRESS	11201 DANKA CIRCLE NORTH		7 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		8 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	9 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, BILL		10 NAME	
STREET ADDRESS	11201 DANKA CIRCLE NORTH		11 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		12 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	13 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, DEBRA		14 NAME	
STREET ADDRESS	11201 DANKA CIRCLE NORTH		15 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL		16 CITY-ST-ZIP	
TITLE		☐ DELETE	17 TITLE	☐ Change ☐ Addition
NAME			18 NAME	
STREET ADDRESS			19 STREET ADDRESS	
CITY-ST-ZIP			20 CITY-ST-ZIP	
TITLE		☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME			22 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-ST-ZIP			24 CITY-ST-ZIP	

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 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 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: William T. Freeman WILLIAM T. FREEMAN 4-12-96 (813)576-6003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone Number

CR2E034 (12/95)