

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L32952** (8)
1. Corporation Name
QUALITY BUILT, INCORPORATED



Principal Place of Business

Mailing Address

**2721 FORSYTH RD
STE 161
WINTER PARK FL 32792
US**

**% MARK H KRAMPE
5135 LAKE HOWELL RD
WINTER PARK FL 32792-1027
US**

3. Date Incorporated or Qualified
11/27/1989

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2987929
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. Suite, Apt. #, etc.

26. **2721 FORSYTH RD.**

Suite, Apt. #, etc.

27. **161**

City & State

28. **WINTER PARK, FL**

Zip

29. **32792**

Country

30. **US**

23. City & State

24. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRAMPE, MARK H.
2721-161 FORSYTH RD.
WINTER PARK FL 32792**

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

Signature typed or printed name of registered agent and the corporation

Signature typed or printed name of new registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ~~DELETE~~
NAME **KRAMPE, MARK H.**
STREET ADDRESS **5135 LAKE HOWELL RD**
CITY- ST- ZIP **WINTER PARK FL**

TITLE **DT** ☐ DELETE
NAME **KRAMPE, RICHARD L**
STREET ADDRESS **2632 CAYMAN WAY**
CITY- ST- ZIP **WINTER PARK FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard Krampe
Richard Krampe

4/30/96

407-6794229

CR2E034 (12/95)