FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS (6)DOCUMENT # Corporation Name D & F QUALITY SERVICES, INC. Mailing Address Principal Place of Business 1853 ECLIPSE PL 2600 E. COLONIAL DR. 1853 ECLIPSE PL ORLANDO FL 32807 CHULUOTA FL 32766 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 03/01/1990 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-2988486 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 This corporation has liability for intangible tax under s 199.032 Country Yes No 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name EICHHORN, DIANE Street Address (P.O. Box Number is Not Acceptable) 82 1853 ECLIPSE PL 83 CHULUOTA FL 32766 Zip Code 84 City 85 (7/02 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam Section 607.0505, Florida Statutes. 11. Pursuant to the provisions or registered agent, or b familiar with, and acce Uhr SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CERS AND DIRECTORS 12 Change Addition DELETE THILE 1.13H.E EICHHORN, DIANE 1.2 NAME NAME 1853 ECLIPSE PL 1.3 STREET ADDRESS STREET ADDRESS CHULUOTA FL 1.4 C(3Y - ST - Z)F CITY ST-ZIP Change ☐ Addition STD DELETE 2.17011.6 TIBLE EICHHORN, FREDERICK, III 2.2 NAME NAME 1853 ECUPSE PL 2.3 STREET ADDRESS STREET ADDRESS CHULUOTA FL 2 4 C:1Y - S1 - ZIP CHY - S1 - ZIP Addition DELETE Change 3 1 THE 1111.6 EICHHORN, FREDERICK I 3.2 NAME NAM² 1853 ECLIPSE PL STREET ADDRESS **3.3 STREET ADDRESS** CHULUOTA FL 3.4 CITY - ST - ZIP CITY-ST-ZIF Change ☐ Addit.on DELETE 4 1 THILE THLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - St- ZiP CITY - ST - ZIP Change Add tion DELETE 5 1 THUE THILE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP DELETE 6 1 T ILF Change Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 eath; that I am an officer or director or the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 i achment with an address

6.4 CITY S'-712

SIGNATURE:

CITY - ST - ZIP

ME OF SIGNING OFFICER OR DIRECTOR

(12/95)

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