## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 1. Corporation Name L74034

Principal Place of Business

NAME

STREET ADDRESS

CITY-ST-ZIP

A-1 QUALITY COUNTER TOPS, INC.

2861 WORK DE FT MYERS FL		2861 WORK DR FT MYERS FL 33916-3500						
TT MILITS TE	00310-0300	11 11/2/10 12 003/0 0300			•	DO NOT WRITE IN THE	S SPACE	
						3. Date Incorporated or Qualifed 05/17/1990		3.
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
21						65-0195760	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired	\$8.75 A	
27						5. Certificate of Status Desired	Fee Re	quired
City & State City & State						6. Election Campaign Financing	\$5.00	May Be
Zip Country Zip						Trust Fund Contribution	Added t	o Fees
Zip	Zip	Country 30			8. This corporation owes the current year Intangible			
24	25 29					Personal Property Tax.		
	9. Name and Address of Current	Registered Agent	•	31	N	10. Name and Address of New Registered	l Agent	
EOX	DOREDT			<b>37</b>	Name			
FOX, ROBERT A 21 LINCOLN AVENUE 3 12 PT 2 PT				32	Street Addre	reet Address (P.O. Box Number is Not Acceptable)		
LEHIGH ACRES FL 33970			-	33		ションボール (1941年) (1942年) (1942年) (1941年) (1941年) (1941年) (1942年) (1942	200 0 1021, 202, 20 4001, 400 0 80001	7 (0.7 \$180) 12 \$1
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			8	34	City	ा दूर समिति या गामिक दे क्या निर्वाद है भा है क्रेक्ट है की ब्राह्म	85 Zip C	Code
A1. 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 r	registered agent, or both, in the State of	Florida. Such change was au	thorized l	by th	he corporatio	on's board of directors. I hereby accept the appoint	ointment as reg	gistered
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) Signature.								
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITU	E		85 4 (AL) FO	Change	☐ Addition
NAME	FOX, ROBERT		1.2 NAM	E				
STREET ADDRESS	21 LINCOLN		1.3 STRI	EET A	ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL		1.4 CITY	-ST-	ZIP		· .	
TITLE		☐ DELETE	2.1 TITL	E			☐ Change	Addition
NAME	_		2.2 NAM	E				Į
STREET ADDRESS			2.3 STR	EET A	ADDRESS			
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NAME ;	AND THE PROPERTY OF THE PARTY O		.3.2 NAM	E				
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CITY-ST-ZIP	ART 18 MER 1 ESP 3 No. 21 C. 16		3.4. CITY	/-ST	-ZIP	· · · · · · · · · · · · · · · · · · ·		12 ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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NAME		9*, * "	4. 2 NAN	-				
STREET ADDRESS	检查	5. 20	4.3 STR	EETA	ADDRESS		•	i
CITY-ST-ZîP		<u> </u>	4.4 CITY		·ZIP		. ·	
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NAME			5.2 NAM		ADDDECC		•	· ·
STREET ADDRESS	9	,			ADDRESS	B 11-577		.
CITY-ST-ZIP		☐ DELETE	5.4 CITY 6.1 TITL		·ZIP	10 5 C O C C	☐ Change	Addition
TITLE		☐ DEFEIC	J., 117L	-	1		- Change	

14. I 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 suppliemental aprilal 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 changes or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**FILED** 

Jan 27, 1999 8:00am

**Secretary of State** 

01-27-1999 90050 047 \*\*\*150.00