

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Juliana B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY 03 11:00:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L88988

(5)

1. Incorporation State

ALL FIRST QUALITY, INC.

2. Principal Place of Business

3. Mailing Address

10250 WOODBERRY ROAD
P.O. BOX 2850
BRANDON FL 33509-2850

10250 WOODBERRY ROAD
P.O. BOX 2850
BRANDON FL 33509-2850

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Organized

3b. Date of Last Report

07/23/1990

04/18/1994

4. FFI Number

Applied For

59-3020482

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

7. This corporation has not only the intention but also the right to
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. # etc.

State, Apt. # etc.

22

27

City & State

City & State

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLMES, JOHN W
10250 WOODBERRY ROAD
TAMPA FL 33619

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 221.01 and 221.02, 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 this appointment as registered agent. I am hereby accepting the responsibility for this filing under Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12a. NAME

12b. STREET ADDRESS

12c. CITY, STATE, ZIP

P
HOLMES, JOHN W
2211 CHEROKEE TRAIL
VALRICO FL

13a. NAME

13b. STREET ADDRESS

13c. CITY, STATE, ZIP

Change Addition

13d. NAME

13e. STREET ADDRESS

13f. CITY, STATE, ZIP

Change Addition

DELETE
HOLMES, SUSAN M.
2211 CHEROKEE TR
VALRICO, FL 33594

13g. NAME

13h. STREET ADDRESS

13i. CITY, STATE, ZIP

Change Addition

13j. NAME

13k. STREET ADDRESS

13l. CITY, STATE, ZIP

Change Addition

13m. NAME

13n. STREET ADDRESS

13o. CITY, STATE, ZIP

Change Addition

13p. NAME

13q. STREET ADDRESS

13r. CITY, STATE, ZIP

Change Addition

13s. NAME

13t. STREET ADDRESS

13u. CITY, STATE, ZIP

Change Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 221.02(1)(b), Florida Statutes. I further certify that the information included on the filing is a report of supplemental annual report or, true and accurate and that my signature shall have the same legal effect as if made under oath. That any person who files for this filing under the name of or through an employee to execute the report as required by Chapter 221, Florida Statutes, and that my name appears in the filing of the change, can be held liable for the filing.

SIGNATURE:

John W. Holmes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/95

813-654-4080

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
T. Michael Moore
Secretary of State
CORPORATE DIVISION

APPROVED
AND
FILED

APR 10 1996

OFFICE OF THE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L89065

(1)

QUINTEN & ASSOCIATES, INC.

Principal Place of Business

3764 NORTHEAST 70TH AVE
SILVER SPRINGS FL 34488
US

Mailing Address

3764 NORTHEAST 70TH AVE
SILVER SPRINGS FL 34488
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation (or Transfer)	3a. Date of Last Report
07/25/1990	02/02/1994
4. FID Number	Applied for
59-3025107	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 the 1993 DCA, Florida Statutes	☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21. Date of Report	26. Date of Report
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, WILLIAM, I
3764 NORTHEAST 70TH AVE
SILVER SPRINGS FL 34488

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of Sections 609.01(1), and 609.01(2)(b), Florida Statutes, this 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 a 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 provisions of Sections 609.01(1), (2)(b), Florida Statutes.

SIGNATURE

Signature of the person who is authorized to execute this report

Signature of the person who is authorized to execute this report

Signature

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, OR SHAREHOLDERS
NAME PTD TAYLOR, WILLIAM I. 3764 NE 70TH AVENUE SILVER SPRINGS FL	1. NAME 2. NAME 3. NAME 4. NAME 5. NAME 6. NAME 7. NAME 8. NAME 9. NAME 10. NAME 11. NAME 12. NAME 13. NAME 14. NAME 15. NAME 16. NAME 17. NAME 18. NAME 19. NAME 20. NAME 21. NAME 22. NAME 23. NAME 24. NAME 25. NAME 26. NAME 27. NAME 28. NAME 29. NAME 30. NAME 31. NAME 32. NAME 33. NAME 34. NAME 35. NAME 36. NAME 37. NAME 38. NAME 39. NAME 40. NAME 41. NAME 42. NAME 43. NAME 44. NAME 45. NAME 46. NAME 47. NAME 48. NAME 49. NAME 50. NAME 51. NAME 52. NAME 53. NAME 54. NAME 55. NAME 56. NAME 57. NAME 58. NAME 59. NAME 60. NAME 61. NAME 62. NAME 63. NAME 64. NAME 65. NAME 66. NAME 67. NAME 68. NAME 69. NAME 70. NAME 71. NAME 72. NAME 73. NAME 74. NAME 75. NAME 76. NAME 77. NAME 78. NAME 79. NAME 80. NAME 81. NAME 82. NAME 83. NAME 84. NAME 85. NAME 86. NAME 87. NAME 88. NAME 89. NAME 90. NAME 91. NAME 92. NAME 93. NAME 94. NAME 95. NAME 96. NAME 97. NAME 98. NAME 99. NAME 100. NAME

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 609.01(2)(b), 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 this corporation or the person or persons empowered to make this report as required by Chapter 609, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed or on an other block with an address.

SIGNATURE: *William Taylor* William Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-95 904)236-5581
Filing Date