

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L88988

(5)

1. Corporation Name

ALL FIRST QUALITY, INC.



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 2211 CHEROKEE TR
Suite, Apt. #, etc.

26 P.O. BOX 2850
Suite, Apt. #, etc.

22 VALRICO FL
City & State

27
28 BRANDON
City & State

23

29

24 33594
Zip

Country

25 HILLSBOROUGH
Zip

26 FL
Country

30 33509-
Zip

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/23/1990

3a. Date of Last Report

05/23/1995

4. FEI Number

59-3020482

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

10. Name and Address of New Registered Agent

HOLMES, JOHN W
10250 WOODBERRY ROAD
TAMPA FL 33619

81 Name HOLMES, JOHN W.

82 Street Address (P.O. Box Number is Not Acceptable)
2211 CHEROKEE TR.

83

84 City VALRICO

FL

85 Zip Code 33594

11. Pursuant to the provisions of Sections 607.0507 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

John W. Holmes

(If the Registered Agent Signature is required when submitting)

4/29/96

12. OFFICERS AND DIRECTORS

TITLE P
NAME HOLMES, JOHN W
STREET ADDRESS 2211 CHEROKEE TRAIL
CITY- ST- ZIP VALRICO FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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:

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

4/29/96

813-245-5582

CR2E034 (12/95)