

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L96838

1. Corporation Name

QUALITY COMPUTER FORMS, INC.

Principal Place of Business

866 97TH AVE N
NAPLES FL 33963
US

Mailing Address

835 S HIGH STREET
HILLSBORO OH 45133
US

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90019 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1990

4. FEI Number

59-3026252

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

CASSNER, ALVIN B
4301 GULF SHORES BLVD
UNIT 302 PARK PLAZA
NAPLES FL 33940

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D CASSNER, ALVIN B.**
STREET ADDRESS **4301 GULF SHORE BLVD.**
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ DELETE
NAME **D CASSNER, ALICE E.**
STREET ADDRESS **4301 GULF SHORE BLVD.**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME **D CASSNER, JON H.**
STREET ADDRESS **835 S. HIGH ST.**
CITY-ST-ZIP **HILLSBORO OH**

TITLE ☐ DELETE
NAME **CS CASSNER, CURTIS B**
STREET ADDRESS **835 S HIGH ST**
CITY-ST-ZIP **HILLSBORO OH**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **P Cassner, Alvin B**
1.3 STREET ADDRESS **4301 Gulf Shore Blvd.**
1.4 CITY-ST-ZIP **Naples FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **S Cassner, Brian**
2.3 STREET ADDRESS **835 S High St**
2.4 CITY-ST-ZIP **Hillsboro OH**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **V Cassner, Jon H.**
3.3 STREET ADDRESS **835 S. High St.**
3.4 CITY-ST-ZIP **Hillsboro OH**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **T Cassner, Curtis B**
4.3 STREET ADDRESS **835 S High St**
4.4 CITY-ST-ZIP **Hillsboro, OH**

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

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

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4/28/99

CR2E034 (11/98)