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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # M64879 (3)

1. Corporation Name

TOTAL QUALITY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

4061 KILMARTIN DR.
TALLAHASSEE FL 32308
US

4061 KILMARTIN DR.
TALLAHASSEE FL 32308
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/15/1988

3a. Date of Last Report

01/27/1994

4. FEI Number

59-2862428

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 3216 STONEYBROOK LN.
Suite, Apt. #, etc.

3216 STONEYBROOK LN.

22 TAMPA, FL.
City & State

27 7

City & State

23 TAMPA, FL.
Zip

28 TAMPA FL.
Zip

24 33618 Country

29 33618 Country

9. Name and Address of Current Registered Agent

CONTER, C. MICHAEL
201 E. KENNEDY BLVD.
SUITE 1400
TAMPA FL 33602

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 the # applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DPT	NOREEN, KOEHLER	4061 KILMARTIN DRIVE	TALLAHASSEE FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	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
DPT	NOREEN KOEHLER	3216 STONEYBROOK LN.	TAMPA, FL. 33618
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 110.07(3)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOREEN KOEHLER

Apr. 14, 1995 (813) 960-5065

960-5065