

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90277 045 ***158.75

DOCUMENT # P03000136846

1. Entity Name

QUALITY CERAMIC INSTALLATION, INC.



Principal Place of Business
12037 NONAWOOD RD
FOUNTAIN FL 32438

Mailing Address
PO BOX 295
FOUNTAIN FL 32438

50006056



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/05)

4. FEI Number
20-0441864

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIPPS, SUZANNE S
12037 NONAWOOD RD
FOUNTAIN FL 32438

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Suzanne St Angelo Tipps

Feb. 2, 06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

(no)

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME TIPPS, WILLIAM C JR
STREET ADDRESS 12037 NONAWOOD RD
CITY-ST-ZIP FOUNTAIN FL 32438

TITLE V ☐ Delete
NAME KIRCHOFF, KEITH L
STREET ADDRESS 1405 S BERTHA AVE, APT J4
CITY-ST-ZIP PANAMA CITY FL 32404

TITLE MD ☐ Delete
NAME TIPPS, ST ANGELO J
STREET ADDRESS 12037 NONAWOOD RD
CITY-ST-ZIP FOUNTAIN FL 32438

TITLE ~~S~~ ☐ Delete
NAME ~~STANGELO, J~~
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Change ☐ Addition
NAME Kirchoff, Keith L.
STREET ADDRESS 1806 Illinois Ave
CITY-ST-ZIP Lynn Haven, FL 32444
new address

TITLE MD ☐ Change ☐ Addition
NAME Tipps, St. Angelo Suzanne
STREET ADDRESS 12037 Nonawood Rd.
CITY-ST-ZIP Fountain, FL 32438
correction

TITLE S ☐ Change ☒ Addition
NAME Thomas, William, L.
STREET ADDRESS 525 Transim-Hill Rd.
CITY-ST-ZIP Panama City, FL 32401

TITLE C ☐ Change ☒ Addition
NAME Chason, Clinton, M.
STREET ADDRESS 17606 Centra St.
CITY-ST-ZIP Fountain, FL 32438

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Suzanne St Angelo Tipps

Suzanne St Angelo Tipps (MD) MAR 15, 06 (850-722-7802)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #