

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 # P03214

(4)

1. Corporation Name

QMS CIRCUITS, INC.



Principal Place of Business

40 HILL AVENUE  
FT. WALTON BEACH FL 32548-3858

Mailing Address

40 HILL AVENUE  
FT. WALTON BEACH FL 32548-3858

3. Date Incorporated or Qualified

08/30/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-2420744

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

QMS, Inc.  
63-0737870

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 time of appointment

(NOTE: Registered Agent Signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JOHN LOUIE YILLING	
STREET ADDRESS	40 HILL AVE.	
CITY - ST - ZIP	FT WALTON BCH FL 32548	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	DALEY, CHARLES D.	
STREET ADDRESS	ONE MAGNUM PASS	
CITY - ST - ZIP	MOBILE AL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAHOON, PHILIP R.	
STREET ADDRESS	ONE MAGNUM PASS	
CITY - ST - ZIP	MOBILE AL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARKER, DONALD L.	
STREET ADDRESS	ONE MAGNUM PASS	
CITY - ST - ZIP	MOBILE, AL 36695	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPEER, G. WILLIAM	
STREET ADDRESS	400 PREIMETER TERRACE	
CITY - ST - ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P, D
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V Raymond H. Alstadt
6.3 STREET ADDRESS	One Magnum Pass
6.4 CITY - ST - ZIP	Mobile, AL 36618

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 199.07(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.

Donald L. Parker

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

334-633-4300

Date Daytime Phone #

CR2E034 (12/95)