

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

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

05-10-1999 90170 007 \*\*\*150.00

DOCUMENT # P92000007354

1. Corporation Name  
QUALITY TIME, INC.

Principal Place of Business

3649 W GULF DRIVE  
SANIBEL FL 33957  
US

Mailing Address

3649 W GULF DRIVE  
SANIBEL FL 33957  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1992

4. FEI Number  
65-0370902

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

21 1870 WOODRING RD  
Suite, Apt. #, etc.

2a. Mailing Address

26 1870 WOODRING RD  
Suite, Apt. #, etc.

22 City & State

23 SANIBEL FL

24 33957 25 USA

27 City & State

28 SANIBEL FL

29 33957 30 USA

9. Name and Address of Current Registered Agent

HILLEBRANDT, WF  
3649 W GULF DRIVE  
3649 W GULF DRIVE  
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name W. F. HILLEBRANDT  
82 Street Address (P.O. Box Number is Not Acceptable)  
1870 WOODRING RD  
83  
84 City SANIBEL FL 85 Zip Code 33957

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.

W. F. Hillebrandt

4/25/99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PST  
NAME HILLEBRANDT, WILLIAM F  
STREET ADDRESS 3649 W GULF DRIVE  
CITY-ST-ZIP SANIBEL FL

TITLE V  
NAME HILLEBRANDT, TINA J  
STREET ADDRESS 3649 W GULF DRIVE  
CITY-ST-ZIP SANIBEL FL

TITLE D  
NAME HILLEBRANDT, WILLIAM  
STREET ADDRESS 3649 W GULF DRIVE  
CITY-ST-ZIP SANIBEL FL

TITLE D  
NAME HILLEBRANDT, TINA J  
STREET ADDRESS 3649 W GULF DRIVE  
CITY-ST-ZIP SANIBEL FL

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 ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 1870 WOODRING RD  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 1870 WOODRING RD  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 1870 WOODRING RD  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 1870 WOODRING RD  
4.4 CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

W. F. Hillebrandt

4/25/99 941-395-2574

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)