FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000015446 (7)**

1. Corporation Name

QUALITY BUILDERS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
5200 N.W. 34TH STREET GAINESVILLE FL 32605	5200 N.W. 34TH STREET GAINESVILLE FL 32605

3. Date Incorporated or Qualified: **12/31/1992**
3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3158424** ☐ 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

9. Name and Address of Current Registered Agent

ROBINSON, SHIRLEY
5200 N.W. 34TH ST.
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name: E. Scott Robinson
82 Street Address (P.O. Box Number is Not Acceptable): 5200 NW 34th Street
83 Gainesville, FL 32605
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: E. Scott Robinson (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when reinstating.) DATE: 4-8-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	President	XX Change ☐ Addition
NAME	ROBINSON, SHIRLEY		1.2 NAME	E. Scott Robinson	
STREET ADDRESS	5200 N.W. 34TH ST.		1.3 STREET ADDRESS	5200 NW 34th Street	
CITY-ST-ZIP	GAINESVILLE FL 32605		1.4 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	D	☐ DELETE	2.1 TITLE	Vice President	X ☐ Change ☐ Addition
NAME	ROBINSON, SCOTT		2.2 NAME	Wanda L. Robinson	
STREET ADDRESS	5200 N.W. 34TH ST.		2.3 STREET ADDRESS	5200 NW 34th Street	
CITY-ST-ZIP	GAINESVILLE FL 32605		2.4 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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.

SIGNATURE: E. Scott Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4-8-96 Daytime Phone #: (352) 373-9561