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FILED

May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

5200 N.W. 34TH STREET
GAINESVILLE FL 32605

Mailing Address

5200 N.W. 34TH STREET
GAINESVILLE FL 32605-1192

3. Date Incorporated or Qualified

12/31/1992

3a. Date of Last Report

04/12/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

E. SCOTT ROBINSON
5200 N.W. 34TH STREET
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	E. SCOTT ROBINSON	
STREET ADDRESS	5200 NW 34TH STREET	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, SCOTT	
STREET ADDRESS	5200 N.W. 34TH ST.	
CITY - ST - ZIP	GAINESVILLE FL 32605	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WANDA L. ROBINSON	
STREET ADDRESS	5200 NW 34TH STREET	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	E. Scott Robinson		
1.3 STREET ADDRESS	5200 NW 34th Street		
1.4 CITY - ST - ZIP	Gainesville FL 32605		
2.1 TITLE	Vice-President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Wanda L. Robinson		
2.3 STREET ADDRESS	5200 NW 34th Street		
2.4 CITY - ST - ZIP	Gainesville FL 32605		
3.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	Rexal Robinson		
3.3 STREET ADDRESS	5200 NW 34th Street		
3.4 CITY - ST - ZIP	Gainesville FL 32605		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
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 type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 352-373-9561
Date Daytime Phone #

0056720

CR2E034 (9/96)