

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5800 NW 39th Avenue	26 5800 NW 39th Avenue			12/31/1992	
22 101	27 101	4. FEI Number		Applied For	
23 Gainesville FL	28 Gainesville FL	59-3158424		Not Applicable	
24 32606	29 32606	5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
25 USA	30 USA	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
E. SCOTT ROBINSON 5200 N.W. 34TH STREET GAINESVILLE FL 32605		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 5800 NW 39th Avenue 83 Suite 101 84 City Gainesville FL 85 Zip Code 32606			

11. Pursuant to the provisions of Sections 607.0509 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E. SCOTT ROBINSON	1.2 NAME	
STREET ADDRESS	5200 NW 34TH STREET	1.3 STREET ADDRESS	5800 NW 39th Ave., Ste 101
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville FL 32606
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, REXAL	2.2 NAME	
STREET ADDRESS	5200 N.W. 34TH ST.	2.3 STREET ADDRESS	5800 NW 39th Ave, Ste 101
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gainesville FL 32606
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDA L. ROBINSON	3.2 NAME	
STREET ADDRESS	5200 NW 34TH STREET	3.3 STREET ADDRESS	5800 NW 39th Ave, Ste 101
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Gainesville FL 32606
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(j), 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* **E. Scott Robinson** **3-19-98** **(352) 373-9561**

CR2E034 (10/97)