PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000043512

1. Corporation Name

QUALITY REALTY & INVESTMENTS, INC.

May 08, 1999 8:00 am Secretary of State

05-08-1999 90055 008 ***150.00



Principal Place of Business		Mailing Address					
290 HIGHWAY 17 NORTH		290 HIGHWAY 17 NORTH					
BARTOW FL 33830		BARTOW FL 33830			DO NOT WRITE II	N THIS SDACE	
					DO NOT WRITE II	- THIS SPACE	
					3. Date Incorporated or Qualifed		
	<u></u>			· · · · · · ·	06/14/1993		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21					59-3190341	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired	, \$8.75 <i>₄</i>		
22		27		5. Octahodic of outdo 2003/100	Fee Re	quired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added t	to Fees	
Zip	Country	Zip	Country	,	8. This corporation owes the current y	year Intangible	
24	25	29	0		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Regi	stered Agent	
			81	Name			-
AGN	er, daniel p		-	5	day (D.O. B. N. sharis Net Assentable)		
290 1	HIGHWAY 17 NORTH		82	Street A	ddress (P.O. Box Number is Not Acceptable)		
BART	FOW FL 33830		83				
			84	City		FL 85 Zip C	Code
11. Pursuant	to the provisions of Sections 607 050	12 and 607.1508. Florida Statutes	s, the abov	e-named o	orporation submits this statement for the purp	pose of changing its	registered
office or r	egistered agent or both in the State	of Florida, Such change was aut	horized by	the coroo	ration's board of directors. I hereby accept the	e appointment as re	gistered
agent. I a	m familia with, and accept the obliga	itions of, Section 607.0505, Florid	ia Statute:	».			
SIGNATURE		at and title of combonies (MOTE: E	Pagistared Age	nt exposture the	tured when reinstating)	DATE	
12.	Signature, special printed name of registered agent and title if applicable. (NOTE: Registered OFFICERS AND DIRECTORS 13			nt agridure ro	ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	P	DELETE	1.1 TITLE	T	<i>D</i> _{0.00}	Change	Addition
	•		12 NAME	-	Daniel P. Agner	A	
NAME	JOMBANIS, GEORGE	•		i	Valle 1. 1. J.	•	
STREET ADDRESS	395 PEACE RIVER ROAD			TADDRESS			
CITY-ST-ZIP	BARTOW FL		1.4 CITY-5	ST-ZIP		☐ Change	Addition
TITLE	VP	☐ DELETE	2.1 TITLE	1		[] Change	☐ Addition
NAME	AGNER, DANIEL P.		2.2 NAME	1			1
STREET ADDRESS	2965 PEACH RIVER ROAD		2.3 STREE	TADDRESS			Ì
CITY-ST-ZIP	BARTOW FL		2. 4 CITY-	ST-ZIP			
TITLE	S	☐ DELETE	3.1 TITLE	_		Change	Addition
NAME	AGNER, DANIEL P.		3.2 NAME	ĺ			
STREET ADDRESS	2965 PEACE RIVER ROAD	3.3 \$		TADDRESS			
CITY-ST-ZIP	BARTOW FL		3.4. CITY-	- 1			
TITLE	T	ELETE 4.1T			7	Change	☐ Addition
	•		4, 2 NAME		Daniel P. Agnor		
NAME	JOMBANIS, GEORGE	,	1	T ADDRESS	Dance F. 10)		
STREET ADDRESS							
CITY-ST-ZIP	BARTOW FL	□ DELETE	4.4 CITY-	si-ZIP		[] Change	Addition
TITLE		□ DELETE	5.2 NAME			C c'inida	
NAME			1	T ADDC====			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			T kaana.
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME	}		6.2 NAME	Ì			,
STREET ADDRESS			6.3 STREE	TADDRESS			j

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 frue 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 all other like empowered.

64 CITY-ST-ZIP

SIGNATURE