

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000050783 (8)

1. Corporation Name

MARKET DRIVEN QUALITY, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/21/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3192108

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

2a. Mailing Address

21
Sute, Apt. #, etc.

26
Sute, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

24
Country

29
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, AL
40347 US 19 N
SUITE 136
TARPON SPRINGS FL 34689

81 Name
GENERAL UPDATE, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
2831 VALENCIA LANE West
83
84 City
Palm Harbor FL 85 Zip Code
34684

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 607.0605, Florida Statutes.

SIGNATURE

William A. Taylor

WILLIAM A. TAYLOR, President

4/21/95

(Signature, typed or printed name of registered agent and date of application)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME REAVES, NORMAN D.
STREET ADDRESS 490 SILVER MOSS LN
CITY, ST, ZIP TARPON SPRINGS FL

1.1 TITLE DPT ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP Tarpon Springs, FL 34689

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2.1 TITLE DS ☐ Change ☒ Addition
2.2 NAME SHIRLEY L. REAVES
2.3 STREET ADDRESS 490 Silver Moss Lane
2.4 CITY, ST, ZIP Tarpon Springs, FL 34689

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 207, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norman D. Reaves*

NORMAN D. REAVES

4/21/95

(813) 934-5010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number