2000 UNIFORM BUSINESS REPORT (UBR)

Apr 13, 2000 8:00 am Secretary of State DOCUMENT # **P93000065281** QC INVESTMENTS, INC. 04-13-2000 90077 046 ***150.00 . Eval. Mailing Address Principal Place of Business 101 E 23RD ST 101 E 23RD ST PANAMA CITY FL 32405-4501 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3203024 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CLEMENT, EUGENE F JR Street Address (P.O. Box Number is Not Acceptable) 101 E 23RD ST 2ND FLOOR PANAMA CITY FL 32405 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Jax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition Delete TITLE NAME CLEMENT, EUGENE F JR NAME STREET ADDRESS STREET ADDRESS 101 E 23RD STREET CITY-ST-7IP CITY-ST-ZIP PANAMA CITY FL 32405 Addition ☐ Change Delete TITLE NAME QUALLS, AL P JR NAME STREET ADDRESS 101 E 23 STR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP



04/10/00

(850)769 - 3207

Daytime Phone #