

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

APPROVED
FILED

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Montuori
Secretary of State
Tallahassee, Florida 32399-0001

3
CORPORATION
MAY 26
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P93000088372 (6)

QUALITY CRAFT CONSTRUCTION, INC.

Principal Office Location: **6332 HILLVIEW RD SPRING HILL FL 34606**
Mailing Address: **6332 HILLVIEW RD SPRING HILL FL 34606**

(DO NOT WRITE IN THIS SPACE)

2. Filing Jurisdiction		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		01/01/1994			
22. State App # etc.		27. State App # etc.		4. FEI Number		Applied For	
22		27		59-3216246		Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		25. Country		29. Country		30. Country	
24		25		29		30	
6. Election Campaign Financing Trust Fund Contribution				<input type="checkbox"/> \$5.00 May Be Added to Fees			
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PIERCE, DANIEL I 6332 HILLVIEW RD SPRING HILL FL 34606				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				FL			

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 607.0506, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE NAME STREET ADDRESS CITY, STATE, ZIP	D PIERCE, DANIEL I 6332 HILLVIEW RD SPRING HILL FL 34606	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 TITLE NAME STREET ADDRESS CITY, STATE, ZIP		13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 TITLE NAME STREET ADDRESS CITY, STATE, ZIP		13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.4 TITLE NAME STREET ADDRESS CITY, STATE, ZIP		13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 TITLE NAME STREET ADDRESS CITY, STATE, ZIP		13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am qualified to file this information as required by Sections 199.032, Florida Statutes. I further certify that the information included 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 agent or trustee designated by me to file this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *Daniel I. Pierce*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daniel I. Pierce

- 4-28-95 - 904-663-2851