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FILED  
May 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000002041 (9)

1. Corporation Name

QUALITY AIR SYSTEMS INC.



Principal Place of Business

Mailing Address

930 CESERY BLVD.  
JACKSONVILLE FL 32211  
US

930 CESERY BLVD.  
JACKSONVILLE FL 32211  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1994

4. FEI Number

59-3224747

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARVER, JOSEPHINE  
2736 COLLEGE STREET  
JACKSONVILLE FL 32205

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

JOSEPHINE CARVER

Josephine Carver

4-27-98

Signature, typed or printed name of registered agent and date, if applicable

(Agent: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☐ Change ☐ Addition

NAME CARVER, JOSEPHINE  
STREET ADDRESS 2736 COLLEGE ST.  
CITY-ST-ZIP JACKSONVILLE FL 32205

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE ☒ DELETE

21 TITLE ☐ Change ☐ Addition

NAME PETERSON, ROBIN E  
STREET ADDRESS 8380 COLONIAL AVE.  
CITY-ST-ZIP JACKSONVILLE FL 32210

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☒ DELETE

31 TITLE ☐ Change ☐ Addition

NAME BELET, BRUCE W  
STREET ADDRESS 6131 TERRY PARKER DR., S.  
CITY-ST-ZIP JACKSONVILLE FL 32211

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE

41 TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

62 NAME  
63 STREET ADDRESS  
64 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 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 JOSEPHINE CARVER 4-27-98

CR2E034 (10/97)