SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 18 AM 8:20

DOCUMENT # **P94000029441 (0)**

1. Corporation Name

QUALITY PORTER SERVICES, INC.

Principal Place of Business	Mailing Address
2269 S UNIVERSKTY DRIVE #200 DAVIE FL 33324 10343 Royal Palm Blvd. Suite 413 (new address) Coral Springs, Fl 33065	2269 S UNIVERSKTY DRIVE #200 DAVIE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1994

3a. Date of Last Report mailed: First report '95

2. Principal Place of Business	2a. Mailing Address
21 10343 Royal Palm Blvd	26 10343 Royal Palm Blvd.
Suite, Apt. #, etc.: 22 413	Suite, Apt. #, etc.: 27 Suite 413
City & State: 23 Coral Springs, Fl.	City & State: 28 Coral Springs, Fl.
Zip: 24 33065 County: 25 Broward	Zip: 29 33065 County: 30 Broward

4. FEI Number: 65-0496299 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election/Designation ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
New Home address LAWSON, JUDY M 9088 W ATLANTIC BLVD #522 CORAL SPRINGS FL 33071 3755 N.W 113th Ave. Coral Springs, Fl. 33065	81 Name: N/A 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: N/A
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13.	
11 TITLE	D		☐ Change ☐ Addition
12 NAME	LAWSON, JUDY M		
13 STREET ADDRESS	9088 W ATLANTIC BLVD #522		
14 CITY ST ZIP	CORAL SPRINGS FL 33071	None	
21 TITLE			☐ Change ☐ Addition
22 NAME			
23 STREET ADDRESS			
24 CITY ST ZIP			
31 TITLE	Owner/president		☐ Change ☐ Addition
32 NAME	Judy M. Lawson		
33 STREET ADDRESS	10343 Royal Palm Blvd Suite 413		
34 CITY ST ZIP	Coral Springs, Fl. 33065		
41 TITLE			☐ Change ☐ Addition
42 NAME			
43 STREET ADDRESS			
44 CITY ST ZIP			
51 TITLE			☐ Change ☐ Addition
52 NAME			
53 STREET ADDRESS			
54 CITY ST ZIP			
61 TITLE			☐ Change ☐ Addition
62 NAME			
63 STREET ADDRESS			
64 CITY ST ZIP			

CR2E034 (3/95)

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)(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 added by attachment with an address.

SIGNATURE: Judy M Lawson 7/12/95 305-340-7950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 305-340-8579

0077600 CP