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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000045507**1. Corporation Name

Q.C., INC.

FILED Feb 13, 1999 8:00am **Secretary of State**

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g. Name and Address of Curre	iit Registered Agent		81 N	lame					l
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3003 S. CONGRESS AVE., STE 1A			82 S	Street Address (P.O. Box Number is Not Acceptable)		~ #255 a & #5 . vv, #4	l		
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to the provisions of Sections 607.05	02 and 607.1508, Flo	rida Statutes, the a	above-na	amed corpo	oration submits this statement fo	r the purpose	of changing its	registered	l
ediatored agent or both in the State	ont Florida Such cha	inge was allingrize	o ov toe	corporatio	in's board of directors. I hereby a	ocebi me app	oniunen as rei	yistereu	l
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	COAKS AVENUE CA 93306 Jace of Business #, etc. E Country 25 9. Name and Address of Curre INGER, ROBERT H 3. S. CONGRESS AVE., STE 1A M SPRINGS FL 33461 To the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A PST FEDRICK, CLYNELL 6117 DIAMOND OAKS AVENU BAKERSFIELD CA 93306 V FEDRICK, ROGER M 6117 DIAMOND OAKS AVENU BAKERSFIELD CA 93306	OAKS AVENUE CA 93306 Bakersfield C Idace of Business #, etc. Country 25 9. Name and Address of Current Registered Agent INGER, ROBERT H S. CONGRESS AVE., STE 1A M SPRINGS FL 33461 Ito the provisions of Sections 607.0502 and 607.1508, Floregistered agent, or both, in the State of Florida. Such charm familiar with, and accept the obligations of, Section 607. Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PST FEDRICK, CLYNELL 6117 DIAMOND OAKS AVENUE BAKERSFIELD CA 93306 V FEDRICK, ROGER M 6117 DIAMOND OAKS AVENUE BAKERSFIELD CA 93306	OAKS AVENUE CA 93306 BAKERSFIELD CA 93306 Za. Mailing Address Za. Mailing Address Za. Suite, Apt. #, etc. Z7 E City & State Z8 Country Zip Co Z9 So. Name and Address of Current Registered Agent INGER, ROBERT H So. CONGRESS AVE., STE 1A M SPRINGS FL 33461 Ito the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the egistered agent, or both, in the State of Florida. Such change was authorize m familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS PST FEDRICK, CLYNELL 6117 DIAMOND OAKS AVENUE BAKERSFIELD CA 93306 V DELETE 1.13 FEDRICK, ROGER M 6117 DIAMOND OAKS AVENUE BAKERSFIELD CA 93306 Q DELETE 1.14 DELETE 1.15 DELETE 1.17 DELETE 1.18 DELETE 1.19 DELETE 1.19 DELETE 1.19 DELETE 1.11 DELETE 1.1	OAKS AVENUE CA 93306 Bace of Business 2a. Mailing Address 26 #, etc. 2b. Suite, Apt. #, etc. 2c. City & State 28 Country 25 29 30 9. Name and Address of Current Registered Agent INGER, ROBERT H 3 S. CONGRESS AVE., STE 1A M SPRINGS FL 33461 83 84 Co to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-neglistered agent, or both, in the State of Florida. Such change was authorized by them familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 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FEI Number 55-0499305 #, etc. Suite, Apt. #, etc. 27 City & State 28 Country 29 Country 29 Country 21 Country 29 Country 21 Country 21 Country 21 Country 22 Country 25 S. Cortificate of Status Desired Franciscome of Sections 607.0502 and 607.1508, Florida Statutes, the aboven-named corporation submits this statement for the purpose egistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the experiment with, and accept the obligations of, Section 607.0505, Florida Statutes, the aboven-named corporation submits this statement for the purpose egistered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the experiment with, and accept the obligations of, Section 607.0505, Florida Statutes, the aboven-named corporation submits this statement for the purpose egistered agent, or both, in the State of Florida. 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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, with all other like empowered.