FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047046 (5)

1. Corporation Name
QUALITY PLUS, INC.

Principal Place of Business
3461 PINE STREET
PALM HARBOR FL 34683

Mailing Address
3461 PINE STREET
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1994

3a. Date of Last Report: NEW CORP

2. Principal Place of Business
21 30700 US 19 N.
Suite, Apt. #, etc
22 LOT 31
City & State
23 PALM HARBOR FL
Zip 24 34684 Country 25 Pinellas

2a. Mailing Address
26 QUALITY PLUS INC
Suite, Apt. #, etc
27 PO BOX 706
City & State
28 DUNEDIN FL
Zip 29 34697 Country 30 Pinellas

4. FEI Number: 59-3247709 [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent
HOBGOOD, NANCY L
~~3461 PINE STREET~~
~~PALM HARBOR FL 34683~~
SEE 13 NEW ADD. | +2a.

10. Name and Address of New Registered Agent
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 NANCY L. HOBGOOD ✓ Nancy L Hobgood DATE 4-3-95
Signature (Must be printed name of registered agent and title if applicable) (If Registered Agent is a business entity, sign here officially)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOBGOOD, TIMOTHY W
STREET ADDRESS	3461 PINE STREET
CITY, ST, ZIP	PALM HARBOR FL 34683
TITLE	VD
NAME	HOBGOOD, NANCY L
STREET ADDRESS	3461 PINE STREET
CITY, ST, ZIP	PALM HARBOR FL 34683
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD [X] Change [ ] Addition
1.2 NAME	HOBGOOD, TIMOTHY W
1.3 STREET ADDRESS	30700 US 19N LOT 31
1.4 CITY, ST, ZIP	PALM HARBOR FL 34697
2.1 TITLE	VD [ ] Change [ ] Addition
2.2 NAME	HOBGOOD, NANCY L
2.3 STREET ADDRESS	30700 US 19N LOT 31
2.4 CITY, ST, ZIP	PALM HARBOR FL 34697
3.1 TITLE	[ ] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	[ ] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	[ ] Change [ ] Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 any addition.

SIGNATURE: ✓ Nancy L Hobgood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-95 Date 813-781-4118 Daytime Phone #

0344356 C#