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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

0502910

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90075 010 ***150.00

DOCUMENT # P94000047046

1. Corporation Name
QUALITY PLUS, INC.

Principal Place of Business
30700 US 19 N
LOT 31
PALM HARBOR FL 34684
US

Mailing Address
QUALITY PLUS INC.
P.O. BOX 706
DUNEDIN FL 34697
US

2. Principal Place of Business
21 1308 E. COURT ST

Suite, Apt. #, etc.

22 City & State
23 TARPON SPRINGS, FL

24 Zip 34688 Country 25 PINELLAS

26 P.O. BOX 631

27 Suite, Apt. #, etc.

28 TARPON SPRINGS, FL

29 Zip 34688 Country 30 PINELLAS

30 PINELLAS

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* Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/20/1994	4. FEI Number 59-3264555	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Election Campaign Financing	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOBGOOD, NANCY L. 30700 US 19TH N 31 PALM HARBOR FL 34683	81 Name NANCY L. HOBGOOD
	82 Street Address (P.O. Box Number is Not Acceptable) 1308 E. COURT ST
	83 TARPON SPRINGS
	84 City FL 85 Zip Code 34688

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOBGOOD, TIMOTHY W. 30700 US 19 N LOT 31 PALM HARBOR FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD HOBGOOD, TIMOTHY W. 1308 E. COURT ST. TARPON SPRINGS FL 34688	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOBGOOD, NANCY L. 30700 US 19 N LOT 31 PALM HARBOR FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD HOBGOOD NANCY L. 1308 E. COURT ST. TARPON SPRINGS, FL 34688	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Nancy L. Hobgood* Signature typed or printed name of signing officer or director

2/20/99 727-939-1998

Date Daytime Phone #

CR2E034 (11/98)