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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

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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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1308 E. COURT ST

2a. Mailing Address

26 P.O. BOX 631

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 TARPON SPRINGS, FL

City & State

28 TARPON SPRINGS, FL

Zip

24 34688

Country

25 PINELLAS

Zip

29 34688

Country

30 PINELLAS

9. Name and Address of Current Registered Agent

HOBGOOD, NANCY L  
30700 US 19TH N 31  
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

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

FL

85 Zip Code

34688

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 Hobgood*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*2/20/99*

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HOBGOOD, TIMOTHY W  
STREET ADDRESS 30700 US 19 N LOT 31  
CITY-ST-ZIP PALM HARBOR FL  
NEW →

TITLE VD  
NAME HOBGOOD, NANCY L  
STREET ADDRESS 30700 US 19 N LOT 31  
CITY-ST-ZIP PALM HARBOR FL  
NEW →

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  
1.2 NAME HOBGOOD, TIMOTHY W.  
1.3 STREET ADDRESS 1308 E. COURT ST.  
1.4 CITY-ST-ZIP TARPON SPRINGS FL 34688  
Change Addition

2.1 TITLE V.D.  
2.2 NAME HOBGOOD NANCY L.  
2.3 STREET ADDRESS 1308 E. COURT ST.  
2.4 CITY-ST-ZIP TARPON SPRINGS, FL 34688  
Change Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
Change Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
Change Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change 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 Hobgood*  
Signature, typed or printed name of signing officer or director

Date

Daytime Phone #

*2/20/99* 727-939-1998

CR2E034 (11/98)