

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000048413 (6)**

1. Corporation Name

QUALITY PROCESSES SOLUTIONS, INC.



Principal Place of Business

**1341 N. MARCY DR.
LONGWOOD FL 32750**

Mailing Address

**1341 N. MARCY DR.
LONGWOOD FL 32750**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

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30

9. Name and Address of Current Registered Agent

**CAMPBELL, WILLIAM L
1341 N. MARCY DR.
LONGWOOD FL 32750**

3. Date Incorporated or Qualified

06/22/1994

3a. Date of Last Report

02/09/1995

4. FEI Number

59-3250350

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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 ☐ Yes ☒ No

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 607.0502, Florida Statutes.

SIGNATURE

(Signature of Registered Agent must be in presence of a Notary Public)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY, ST, ZIP
12.5 TITLE
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY, ST, ZIP
12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY, ST, ZIP
12.13 TITLE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY, ST, ZIP
12.17 TITLE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY, ST, ZIP

**P
CAMPBELL, WILLIAM L
1341 N. MARCY DR.
LONGWOOD FL**

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP
13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, ST, ZIP

☐ Change ☐ Addition

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SIGNATURE:

William L. Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM L. CAMPBELL

2-26-96

407-260-9379

CR2E034 (12/95)