

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 07, 1999 8:00 am  
Secretary of State

05-07-1999 90070 038 \*\*\*150.00

DOCUMENT # P94000060678

1. Corporation Name

QUALITY REPAIR OF LAKE CITY, INC.



Principal Place of Business

Mailing Address

COUNTY ROAD 341  
LAKE CITY FL 32025

P.O. BOX 1581  
LAKE CITY FL 32056-1581

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/15/1994

4. FEI Number

59-3263991

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICHOLS, PETER D  
COUNTY ROAD 341 - SISTERS WELCOME ROAD  
LAKE CITY FL 32055

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME NICHOLS, PETER D  
STREET ADDRESS P.O. BOX 1581 N/A  
CITY-ST-ZIP LAKE CITY FL

1.1 TITLE DIRECTOR ☒ Change ☐ Addition  
1.2 NAME NICHOLS, PETER D  
1.3 STREET ADDRESS P.O. BOX 1581  
1.4 CITY-ST-ZIP LAKE CITY, FL

TITLE VP ☐ DELETE  
NAME NICHOLS, JAMIE D  
STREET ADDRESS RT 9 BOX 787  
CITY-ST-ZIP LAKE CITY FL

2.1 TITLE PRESIDENT ☒ Change ☐ Addition  
2.2 NAME NICHOLS, JAMIE D  
2.3 STREET ADDRESS RT 9 BOX 787  
2.4 CITY-ST-ZIP LAKE CITY, FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*Peter D. Nichols*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-99 (904) 752-5878

CR2E034 (1/1/98)

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