FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000067814 (1)**

1. Corporation Name

QUALITY MANUFACTURING COMPANY, INC.

Principal Place of Business

286 EAST PALMETTO AVENUE
LONGWOOD FL 32750

Mailing Address

286 EAST PALMETTO AVENUE
LONGWOOD FL 32750

3. Date Incorporated or Qualified: **09/12/1994**

3a. Date of Last Report: **03/22/1995**

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip 24 | County 25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip 29 | County 30

4. FEI Number: **59-3274653** ☐ 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

9. Name and Address of Current Registered Agent

BOHRMANN, GEORGE
286 EAST PALMETTO AVENUE
LONGWOOD FL 32750

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 617.1505, 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 corporation is authorized to, and its board of directors, if required, has duly authorized the following statement to be filed. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '97	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BOHRMANN, GEORGE		12 NAME	
STREET ADDRESS	169 POST & RAIL ROAD		13 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750		14 CITY-ST-ZIP	
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	BOHRMANN, BONITA		22 NAME	
STREET ADDRESS	169 POST & RAIL ROAD		23 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL 32750		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☒ Change ☐ Addition
NAME	BOHRMANN, TODD		32 NAME	
STREET ADDRESS	1598B CAROLEWOOD CT.		33 STREET ADDRESS	4212 Red Oak Drive
CITY-ST-ZIP	TALLAHASSEE FL		34 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and accurate, for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 added above or on an attached sheet, with an address.

SIGNATURE: George Bohrmann George Bohrmann 4/9/96 407-331-8497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME TELEPHONE NUMBER

CR2E034 (12/95)