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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400067814

1. Corporation Name

QUALITY MANUFACTURING COMPANY, INC.

FILED Feb 16, 1999 8:00am **Secretary of State**

02-16-1999 90043 028 ***150.00



| | | | | | | | ilit falti obtio | | |
|---------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------|-------|----------------------------------------------------|-------------------------------------------------|------------------|-----------|-----------------|
| Principal Place of Business Mailing Address | | | | | | | | | |
| 286 EAST PALA LONGWOOD FL | | 286 EAST PALMETTO AVENUE LONGWOOD FL 32750 | | | | DO NOT WRI | TE IN THIS | SPACE | |
| | | | | | | 3. Date incorporated or Qualifed | | | |
| | | | | | | 09/12/1994 | | | |
| 2 Oringinal Bl | ace of Business | 2a. Mailing Address | | | | 4. FEI Number | | Па | pplied For |
| | ace of business | 26 | | | | 59-3274653 | | <u> </u> | ot Applicable |
| 21 Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | \$8.75 Additional | | | |
| 22 | <i>π</i> , 010. | 27 | | | | 5. Certifcate of Status Desired | | • | equired |
| City & State | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | Zip | Countr | у | | 8. This corporation owes the curr | ent year Inta | ngible | |
| 24 | 25 | 29 | 10 | | | Personal Property Tax. | | Yes | □No |
| | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New F | Registered A | gent | |
| | | | 8 | 1 1 | Name | | | | - |
| | RMANN, GEORGE | | | 2 | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | EAST PALMETTO AVENUE | | | | | | | | |
| LON | GWOOD FL 32750 | | 83 | 3 | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | 84 | 4 | City | 10 497 7 15 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | er jar Trans. | 85 Zip | Code |
| | to the provisions of Sections 607.050 | | | | • | | FL | | |
| SIGNATURE | m familiar with, and accept the obliga Signature, typed or printed name of registered ager | | | | ignature required v | when reinstating) | DATE | | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OF | FICERS AN | DIRECT | ORS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | BOHRMANN, GEORGE | | 1.2 NAME | Ξ | | | | | <i>,</i> |
| STREET ADDRESS | 169 POST & RAIL ROAD | | 1.3 STREI | ET AC | DDRESS | | | | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | | 1.4 CITY- | ST-Z | ZIP . | | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | Bohrmann, Bonita | | 2.2 NAME | Ξ | | | | | |
| STREET ADDRESS | 169 POST & RAIL ROAD | | 2.3 STRE | ET A | DDRESS | <u>-</u> | | | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | | 2. 4 CITY- | -ST- | ZIP | | | | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | | | | ☐ Change | ☐ Addition |
| NAME | Bohrmann, T od d | | 3.2 NAME | | | | | | |
| STREET ADDRESS | 4212 RED OAK DRIVE | | 3.3 STRE | ETAL | DORESS | | | 1 . | |
| CITY-ST-ZIP | TALLAHASSEE FL | | 3.4. CITY- | | ZIP | | | - C | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | . : | 1 | Change | Addition |
| NAME | | | 4, 2 NAME | | | | | | |
| STREET ADDRESS | | | 4.3 STRE | | i | | | • | |
| CITY-ST-ZIP | | O DELETE | 4.4 CITY- | | ZIP | | | C1 Charge | Addition |
| TITLE | | ☐ DELETE | 5.1 TITLE 5.2 NAME | | | 4 | | ☐ Change | CTAGRICH |
| NAME | | | 5.2 NAME | | DDBESS | | | | Ì |
| STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | ☐ DELETE | 5.4 CITY- 6.1 TITLE | | ΔP | | | ☐] Change | Addition |
| TITLE | | | 6.2 NAME | | | | | Onlinge | E., I radiiloli |
| NAME | | | 6.3 STRE | | DDRESS . | | | | |
| STREET ADDRESS | | | 0.3 3 KE | A. | DUNESS | | | | |

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 true seempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George Bohrmann

1/22/99

407 331 8497

Daytime Phone #