

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000086575 (5)

1. Corporation Name
QUADRI, INC.

Principal Place of Business

9475 ULMERTON ROAD
LARGO FL 34641

Mailing Address

9475 ULMERTON ROAD
LARGO FL 34641

FILED

95 AUG -1 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/17/1994

38. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 230 MADRID COURT

27 Suite, Apt. #, etc.

28 MERRITT ISLAND

29 City & State

30 FL

31 Zip

32 32953

33 Country

34 Puerto Rico

4. FEI Number

59-3287387

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

CONEL, WILLIAM T
9475 ULMERTON ROAD
LARGO FL 34641

10. Name and Address of New Registered Agent

81 ROBERT C BLAUE
82 Street Address (P.O. Box Number Not Acceptable)
230 MADRID COURT
83 MERRITT ISLAND
84 City

FL

85 Zip Code

32953

11. Pursuant to the provisions of Sections 607.0502 and 607.1208, 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 of Registered Agent (Required)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE President
NAME BLAUE, ROBERT C
STREET ADDRESS 230 MADRID COURT
CITY, ST, ZIP MERRITT ISLAND FL 32953

TITLE
NAME CONEL, WILLIAM T
STREET ADDRESS 2635 OVERLOOK COURT
CITY, ST, ZIP MERRITT ISLAND FL 32953

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

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CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 custodian 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 in an attachment with an address.

SIGNATURE

SIGNATURE AND TITLE OF REGISTERED AGENT OR OFFICER OR DIRECTOR

7/27/95

467-462-4620