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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000089433 (4)**

1. Corporation Name

QUALITY PROMOTIONS AND PRINTING, INC.



Principal Place of Business

**8000 CYPRESS GREEN DRIVE
JACKSONVILLE FL 32256**

Mailing Address

**8000 CYPRESS GREEN DRIVE
JACKSONVILLE FL 32256**

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

29

25

30

9. Name and Address of Current Registered Agent

**BLANKENSHIP, JERRY W
2816 LANTANA LAKES DR. EAST
JACKSONVILLE FL 32246**

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

DATE (Register Agent Signature must be dated)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
BLANKENSHIP, JERRY W
2816 LANTANA LAKES DRIVE E
JACKSONVILLE FL**

2. NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DAVIS, CHARLES C
9480 PRINCETON SQUARE BLVD 2515
JACKSONVILLE FL**

3. TITLE ☒ Change ☐ Addition
2. NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Davis, Charles C.
Route 4 Box 859
Perry, FL 32347**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition
3. NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition
4. NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition
5. NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

7. TITLE ☐ Change ☐ Addition
6. NAME
STREET ADDRESS
CITY-ST-ZIP

**800001832518
-07/12/96--01087-020
***225.00**

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 119.07(3)(k), 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.

SIGNATURE:

Jerry W. Blankenship - Jerry W. Blankenship 7-2-96 443-0882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)