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FILED
May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

1. REAL TIME Q.A. SYSTEMS, INC.
P05000055555

[redacted]

Principal Place of Business	Mailing Address
830-13 A.1.A. N. #331 Ponte Vedra Beach, Fl 32082	830-13 A.1.A. N. #331 Ponte Vedra Beach Fl 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8-95

21. Principal Place of Business	26. Mailing Address
830-13 A.1.A. N.	830-13 A.1.A. N.
22. Suite, Apt. #, etc.: #331	27. Suite, Apt. #, etc.: #331
23. City & State: Ponte Vedra Beach	28. City & State: Ponte Vedra Beach
24. Zip: 32082 / 25. Country: St. John's	29. Zip: 32082 / 30. Country: St. Johns

4. FEI Number: 65-0626160 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

M. Turner Billingsley
8192 Seven Mile Drive
Ponte Vedra Beach FL 32082

10. Name and Address of New Registered Agent

31 Name: M. Turner Billingsley
32 Street Address (P.O. Box Number is Not Acceptable): 8192 Seven Mile Drive
33
34 City: Ponte Vedra Beach, FL 35 Zip Code: 32082

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: _____ 5-1-98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE D DONALD R. KANENS 104 Crape Myrtle Dr Ponte Vedra Bch FL 32082	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE D M. Turner Billingsley 8192 Seven Mile Drive Ponte Vedra Beach FL (32082)	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 8192 Seven Mile Drive Ponte Vedra Bch, FL 32082
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 5/27
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 900002538153 -05/28/98--01014--019 ***150.00

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.

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