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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000059832 (2)

1. Corporation Name

QUALITY TAPE SUPPLY, INC.

Principal Place of Business

2453 LAKE JACKSON CIRCLE
APOPKA FL 32703

Mailing Address

2453 LAKE JACKSON CIRCLE
APOPKA FL 32703-5647



2. Principal Place of Business

21 405 Douglas Ave.

Suite, Apt. #, etc.

22 #1855-C

City & State

23 ALTAMONTE SPRINGS

Zip

24 32714

Country

25 ORANGE

2a. Mailing Address

26 P.O. Box 160157

Suite, Apt. #, etc.

27

City & State

28 ALTAMONTE SPRINGS

Zip

29 32716-0157

Country

30 ORANGE

3. Date Incorporated or Qualified

08/01/1995

3a. Date of Last Report

08/08/1996

4. FEI Number

59-3325497

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

JONES, ROBERT H
2453 LAKE JACKSON CIRCLE
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name

ROBERT H. JONES

82 Street Address (P.O. Box Number is Not Acceptable)

405 Douglas Ave #1855-C

83

84 City

ALTAMONTE SPRINGS

85

Zip Code

FL 32714

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 and title if applicable

(NOTE: Registered Agent's signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☐ DELETE

NAME JONES, ROBERT H
STREET ADDRESS 2453 LAKE JACKSON CIRCLE
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSTD ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

ROBERT H. JONES
405 Douglas Ave #1855-C
ALTAMONTE SPRINGS, FL 32714

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 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.

SIGNATURE:

APR 28 1997

407-682-1222

CR2E034 (9/96)