

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

PROXY
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000060526 (7)**

1. Corporation Name
QUALITY RESOURCE DEVELOPMENT, INC.



Principal Place of Business
**10214 HYALEAH RD
TAMPA FL 33617**

Mailing Address
**10214 HYALEAH RD
TAMPA FL 33617**

3. Date Incorporated or Qualified
08/04/1995

3a. Date of Last Report

2. Principal Place of Business

21 **1014 HASTINGS CT**

Suite, Apt. #, etc.

22 City & State

23 **6472, FL**

24 Zip **33545-4505**

25 Country **USA**

2a. Mailing Address

26 **1014 HASTINGS CT**

Suite, Apt. #, etc.

27 City & State

28 **6472, FL**

29 Zip **33545-4505**

30 Country **USA**

4. FEI Number

59-3347751

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

**PEARSE, RICHARD L JR
814 CHESTNUT ST
CLEARWATER FL 34616**

10. Name and Address of New Registered Agent

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 and the principal officer or director.

Signature, typed or printed name of registered agent and the principal officer or director.

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

**MUTOLO, SANDRA S
10214 HYALEAH RD
TAMPA FL 33617**

☐ DELETE

PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

**PEARSE, CYNTHIA L
1449 WETHERINGTON WAY
PALM HARBOR FL 34683**

☐ DELETE

**VICE
PRESIDENT**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

**MILBOURN, SHARON
1141 80TH STREET COURT SOUTH
ST. PETERSBURG, FL 33707**

☐ DELETE

TREASURER

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

TREASURER

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

TREASURER

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

TREASURER

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**1014 HASTINGS COURT
6472, FL 33545-4505**

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

Sandra S. Mutolo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 813 948 2244
DATE DAYTIME PHONE #