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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 16 1997 8:00am

Secretary of State

0052925

Sandra B. Mortham

Secretary of State

1997

SIGNATURE:

DOCUMENT # P96000022912 (5)

QUALITY HOME CENTER, INC. Procipal Place of Business Mailing Address 3423 EAST 15TH STREET 3423 EAST 15TH STREET PANAMA CITY FL 32405-7416 PANAMA CITY FL 32405 3. Date Incorporated or Qualified 3a. Date of Last Report 03/13/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 25 29 30 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HAUN, KIMBERLY R 3423 EAST 15TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32405 83 City 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, typed or profes name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. OFFICERS AND DIRECTORS 13. Jichor DELETE 1.1 TITLE Change Addition Addition HILE Christopher P CR2E034 12 NAME NAME HAUN, KIMBERLY R 3499E,12# 24 3423 EAST 15TH STREET 1.3 STREET ADDRESS STREET ADDRESS アノ32パロ PANAMA CITY FL 32405 1.4 City-St-ZiP CITY ST-ZIP DELETE Change Addition 2.1 TITLE 71118 NAMÉ HAUN, ROBERT E 2.2 NAME 3423 EAST 15TH STREET 2.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32405 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAMA STREET ADDRESS 3.3 STREET ADDRESS C(1Y-ST-Z)P 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAMI 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CUY-S1-2IP Change DELETE Addition 5.1 TITLE Title 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CUTY - ST - ZIP DELETE Change Addition 61 TITLE THLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIF 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.