## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

| 1. Corporation Name P96000033983 (3)   |                    |  |                                 |                             |   |                                |   |  |      |
|--|--------------------|--|---------------------------------|-----------------------------|---|--------------------------------|---|--|------|
| QUILTY   | CONSTR             | RUCTION, INC.  |                                 |                             |   |                                |   |  |      |
|  |                    |  |                                 |                             |   |                                |   |  |      |
| Principal Place of Business  |                    |  | Mailing Addre                   | Mailing Address             |   |                                | T IBURIURI IID KUKR DIKIK UUKKI UU  | //F <b>30/00</b> 3/10 <b>F</b> 10/10 (0/0) (0/00 11/1 100) |      |
| 216 W. 101ST AVENUE  |                    |  | 216 W. 1018T                    | 216 W. 101ST AVENUE         |   |                                |   |  |      |
| TAMPA FL 33612   |                    |  |                                 | TAMPA FL 33612              |   |                                | DO NOT WRITE IN THIS SPACE  |  |      |
|  |                    |  |                                 |                             |   |                                | 3. Date Incorporated or Qualified   | 114 T100 017 T32   |      |
|  |                    |  | . <u></u>                       |                             |   |                                | 04/15/1996  |  |      |
| 2. Principal Place of Business   |                    |  | — ·                             | 2a. Mailing Address         |   |                                | 4. FEI Number   | Applied For  |      |
| Suite, Apt. #. etc.  |                    |  | 26 Suite Act                    | Suite, Apt. #, etc.         |   |                                | 59-3369702  | Not Applica  |      |
| Suite, Apt. #, etc.  |                    |  | 27 Suite, Apr.                  | <b>⊢</b> ¬ ``               |   |                                | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                             | i    |
| City & State   | e -                |  |                                 | City & State                |   |                                | 6. Election Campaign Financing  | \$5.00 May Be  |      |
| 23   | - <u> </u>         |  | 28                              | 28                          |   |                                | Trust Fund Contribution   | Added to Fees  |      |
| Zip  | Country            |  | Zip                             |                             |   |                                | 8. This corporation owes or has pa  | <b>1</b>   |      |
| 24   |                    | 25 29 30  2 Name and Address of Current Registered Agent |                                 | 30                          |   | Personal Property Tax due June |   |  |      |
| ALI:   |                    |  | trent Hegistered Ayen           | <u> </u>                    | 81                                      | Name                           | 10. Name and Address of New Re  | gistered Agent   |      |
|  | ILTY, DAVIC        |  |                                 |                             |   |                                |   | <u> </u>   |      |
| 218 W. 101ST AVENUE<br>TAMPA FL 33812  |                    |  |                                 |                             | 82                                      | Street Add                     | iress (P.O. Box Number is Not Acceptat  | ile)   |      |
| 1AMPA PL 33012   |                    |  |                                 | 83                          |   |                                | ······································  |  |      |
|  |                    |  |                                 |                             |   | City                           |   | 85 Zip Code  |      |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the at |                    |  |                                 |                             |   | named cor                      | pereline submite this statement for the r                                     | FL   BS   Zip Gode   | -24  |
| office or n  | egistered ag       | ent, or both, in the S                                   | itate of Florida. Such chi-     | ange was au<br>27 0505 Flor | uthorized by                            | the corpora                    | poration such its statement for the parties of directors. I hereby acceptions | of the appointment as registere                            | d    |
| SIGNATURE  | III ISSII IIII III | in, and booopi the c                                     | bligations of Spano.            | 11.0000, 1.0.               | III O O O O O O O O O O O O O O O O O O | ••                             |   |  |      |
|  | Signature, typed   |  | d agent and title it applicable | (NOTE                       |   | nt signature requ              | ired when reinstating)  | DATE DIRECTORS IN AC                                       |      |
| 12.  |                    |  |                                 | 13.<br>1.1 TITLE            | <del></del>                             | ADDITIONS/CHANGES TO OFFIC     | CERS AND DIRECTORS IN 12  Change Addi   | ition  |      |
| NAME   | QUILTY, DAVID L    |  |                                 | 1.2 NAME                    |   |                                | - Stronge   |  |      |
| STREET ADDRESS 216 W. 101ST AVENUE   |                    |  |                                 |                             |   | ADDRESS                        |   |  |      |
| CITY-ST-ZIP  |                    |  |                                 | 1.4                         |   | r-ZIP                          |   |  |      |
| TITLE  | D DELETE           |  |                                 | 2.1 TITLE                   |   |                                | Change Addit  | tion   |      |
| NAME   | QUILTY, DEBBEY F   |  |                                 | 2.2 M                       |   |                                |   |  |      |
| STREET ADDRESS 216 W. 101ST AVENUE   |                    |  |                                 |                             |   | ADDRESS                        |   | *14  |      |
| CITY-ST-ZIP  | TAMPA I            | FL 33612   |                                 | DELETE                      | 2.4 CHY-S                               | I-ZIP                          |   |  |      |
| TITLE  | 1                  |  |                                 | 31 TITLE                    |   |                                | Change Addii  | liõii  |      |
| STREET ADDRESS   |                    |  |                                 |                             | 3.2 NAME<br>3.3 STREET                  | ADDDECC                        |   |  |      |
| CITY-ST-ZIP  |                    |  |                                 |                             | 3.4. CITY - S                           |                                |   |  |      |
| TITLE  |                    |  |                                 | DELETE                      | 4.1 TITLE                               | 1 - 211                        |   | Change Addil   | tion |
| NAME   |                    |  |                                 |                             | 4 2 NAME                                |                                |   |  |      |
| STREET ADDRESS   |                    |  |                                 |                             | 4 3 STREE?                              | ADDRESS                        |   |  |      |
| CITY+\$T-ZIP   |                    |  |                                 |                             | 4.4 CITY-ST                             | r- ZIP                         |   |  |      |
| TITLE  | ☐ DELETE           |  | 51 THLE                         |                             |   | Change Addit                   | tion  |  |      |
| NAME   |                    |  |                                 |                             | 5.2 NAME                                |                                |   |  |      |
| STREET ADDRESS   |                    |  |                                 |                             | 5.3 STREET                              | - 1                            |   |  |      |
| CITY-ST-ZIP  |                    |  |                                 | OCI FTC                     | 5.4 CITY-ST                             | - ZIP                          |   |  |      |
| TITLE  |                    |  | Ц                               | DEL <b>ET</b> E             | 6.1 TITLE                               |                                |   | Change Addit   | tion |
| NAME   |                    |  |                                 |                             | 6.2 NAME                                |                                |   |  | Į    |
| STREET ADDRESS   |                    |  |                                 |                             | 6.3 STREET ADDRESS                      |                                |   |  |      |
| CITY-ST-ZIP  |                    |  |                                 |                             | 6.4 CITY-ST                             | - ZIP                          |   | ·  |      |

14. Thereby 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.

Member IE Outle VP

1-3198 031-3817

**FILED** 

Feb 04 1998 8:00am

Secretary of State