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FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000076366 (9)

1. Corporation Name

QUALITY SERVICE PRODUCTS CORP.

Principal Place of Business

Mailing Address

16680 Lake Pickett
Rd. Orlando, FL 32820

16680 Lake Pickett Rd
Orlando, FL 32820

2. Principal Place of Business

2a. Mailing Address

21 16680 Lake Pickett Rd
Suite, Apt. #, etc.

26 16680 Lake Pickett Rd
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Orlando FL

28 Orlando FL

24 32820 25 USA

29 32820 30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/13/1996

4. FEI Number

APPLIED FOR

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

10. Name and Address of New Registered Agent

DUNLAP, SYLVIA SEATON
1717 LAKE GROVE LANE
ORLANDO FL 32808

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 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 D
NAME DUNLAP, J. CRAIG
STREET ADDRESS 1717 LAKE GROVE LANE
CITY-ST-ZIP ORLANDO FL 32808

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME DUNLAP, SYLVIA SEATON
STREET ADDRESS 1717 LAKE GROVE LANE
CITY-ST-ZIP ORLANDO FL 32808

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME SEATON, ROSA M
STREET ADDRESS 3031 N. OCEAN BOULEVARD
CITY-ST-ZIP FT. LAUDERDALE FL 33308

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

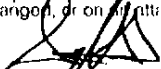
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:



1/20/98 (407) 568-1449

CR2E034 (10/97)