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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700034788

1. Corporation Name

QIS, INC.

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90084 030 ***150.00



1123 NW 107 TERRACE GAINESVILLE FL 32606-5446 1123 NW 107 TERRACE GAINESVILLE FL 32606-5446 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified OA/15/1997 2. Principal Place of Business 2. Suite, Apt. #, etc. 3. Date Incorporated or Qualified OA/15/1997 2. Principal Place of Business 2. Suite, Apt. #, etc. 3. Certificate of Status Desired	Principal Place of Business Mailing Address					1 10011501 (fm 1011) (001) 90(t) 00(t) 00(t) 00(t) 00(t) 00(t) 00(t) 00(t)	
2. Principal Place of Business	1123 NW 107 T	ERRACE	1123 NW 107 TERRACE	123 NW 107 TERRACE		DO NOT WRITE IN THIS SPACE	
21		•					
Suite, Apt. #, etc. Suite, Apt. #, etc.	2. Principal Place of Business		2a. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.	21		26			59-3443803 Not Applicable	
City & State Country Country R. This corporation owes the current year intamptible Personal Property Tax. No No SMITH, DOROTHY A 1123 NW 107 TERRACE GAINESVILLE FL 32606-5446 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 register of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes by the corporation's board of directors. I hereby accept the appointment as registered agent, and 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. PST OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE PST OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE PST SIGNATURE SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NAME SMITH, DOROTHY ANN 1123 NW 107 TERRACE GAINESVILLE FL 32606-5446 1.3 STREET ADDRESS CITY. ST-ZIP NAME SMITH, GREGORY ALLEN Change Ad Change Change Change Ad Change Change Change Change Change Change Change					. •	5. Certifcate of Status Desired \$8.75 Additional Fee Required	
Zip Country Zip Country Zip Country Zip Country A 125 29 30	City & State	9	City & State				
24 25 29 30 Personal Property Tax. Yes No 9. Name and Address of Current Registered Agent SMITH, DOROTHY A 1123 NW 107 TERRACE GAINESVILLE FL 32606-5446 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 SIGNATURE PST DELETE 1.1 TITLE PST DELETE 1.1 TITLE SMITH, DOROTHY ANN 1.2 NAME SMITH, DOROTHY ANN 1.2 NAME SMITH, DOROTHY ANN 1.2 NAME GAINESVILLE FL 32606-5446 1.4 City FL 85 Zip Code 82 Lit TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Change Ad ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 1.2 NAME SMITH, DOROTHY ANN 1.2 NAME SMITH, DOROTHY ANN 1.2 NAME SMITH, DOROTHY ANN 1.2 NAME SMITH, GREGORY ALLEN DELETE 2.1 TITLE Change Ad Ch		Country			,	8. This corporation owes the current year Intandible	
9. Name and Address of Current Registered Agent SMITH, DOROTHY A 1123 NW 107 TERRACE GAINESVILLE FL 32606-5446 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 register 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE PST OFFICERS AND DIRECTORS 12. NAME SMITH, DOROTHY ANN 12. NAME SMITH, GREGORY ALLEN 13. STREET ADDRESS GGANESVILLE FL 32606-5446 14. CITY-ST-ZIP TITLE Change Ad Address of New Registered Agent Bath Address of New Registered Bath Address of New Registered Agent Bath Address of New Registered Bath Address of New Registered Agent Bath Address of New Registered Agent Bath Address of New Registered Agent Bath Address of New Registered Bath Address of New Registered Agent Bath Address of New Register Bath Address of New Registere	·	·	29	30			
SMITH, DOROTHY A 1123 NW 107 TERRACE GAINESVILLE FL 32606-5446 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 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, a maliniliar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered statutes. SIGNATURE 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 1 TITLE PST SMITH, DOROTHY ANN 112 NAME SMITH, DOROTHY ANN 1123 NW 107 TERRACE 1.3 STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32606-5446 1.4 CITY-ST-ZIP TITLE Change Ad NAME SMITH, GREGORY ALLEN				<u> </u>		10. Name and Address of New Registered Agent	
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 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 SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE PST DELETE 1.1 TITLE PST SMITH, DOROTHY ANN 1.2 NAME SMITH, DOROTHY ANN 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE V DELETE 1.4 CITY-ST-ZIP TITLE V DELETE 2.1 TITLE V Change Ad CHANGE	1123 NW 107 TERRACE			82	82 Street Address (P.O. Box Number is Not Acceptable)		
office or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of directors. Thereby 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 IN 1 TITLE PST DELETE 1.1 TITLE PST NAME SMITH, DOROTHY ANN 1.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE V DELETE 1.4 CITY-ST-ZIP TITLE V DELETE 2.1 TITLE V Change Ad ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 LA CITY-ST-ZIP TITLE V Change Ad Change					,		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE PST NAME SMITH, DOROTHY ANN 12 NAME STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32606-5446 1.4 CITY-ST-ZIP TITLE V DELETE 21 TITLE V SMITH, GREGORY ALLEN 22 NAME	office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board or directors, i hereby accept the appointment as registered						
DELETE	SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Ro	egistered Age	nt signature	required when reinstating) DATE	
NAME	12.	OFFICERS AND DIRECTORS 13.					
STREET ADDRESS 1123 NW 107 TERRACE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TITLE	PST □ DELETE 1.1		1.1 TITLE	·	☐ Change ☐ Addition	
CITY-ST-ZIP GAINESVILLE FL 32606-5446 1.4 CITY-ST-ZIP	NAME.	SMITH, DOROTHY ANN					
TITLE V DELETE 2.1 TITLE Change Ad NAME SMITH, GREGORY ALLEN 22 NAME	STREET ADDRESS 1123 NW 107 TERRACE 1.3 ST			1.3 STREE	TADDRESS	,	
TITLE V DELETE 2.1 TITLE Change Advance SMITH, GREGORY ALLEN 22 NAME	CITY-ST-ZIP	GAINESVILLE FL 32606-5446			ST-ZIP		
		V DELETE 2.17		2.1 TITLE		☐ Change ☐ Addition	
LAAD BRI ART TERRACE	NAME SMITH, GREGORY ALLEN 22 N			2.2 NAME			

STREET ADDRESS 1123 NW 107 TERRACE 2.3 STREET ADDRES GAINESVILLE FL 32606-5446 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 3.1 TITLE TITLE SMITH, LAWRENCE L 3.2 NAME NAME 1123 NW 107 TERRACE 3.3 STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32606-5446 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPET/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99 (352) 332-1451 Date DayLine Phone #

4) ACCTUCAC