

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 P9700035229

1. Corporation Name

QUALICO DEVELOPMENT, INC.

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90118 008 ***150.00



Principal P ace of Business Mailing Address 2500 STILLWATER CT. 2500 STILLWATER CT. PALM HARBOR FL 34684 PALM HARBOR FL 34684 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/17/1997 Aprilied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 26 59-3450144 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Cour try 8. This corporation owes the current year intangible]XNo ☐ Yes 30 Persor al Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name TRAYNOR, RICHARD Street Acdress (P.O. Box Number is Not Acceptable) 82 2500 STILLWATER COURT PALM HARBOR FL 34684 83 85 Zip Code 84 City FL

11. Pursuant to the provisions of Scittons 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 bolh, in the State of Florida. Such change was authorized by the corporation's board of cirectors. 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 na ne of registered agent and title if applicable (NOT:: Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. ☐ Addition Change □ DELETE 1.1 TITLE TITLE TRAYNOR, RICHARD 1.2 NAME NAME 2500 STILLWATER CT STREET ADDRESS 13 STREET ADDRESS PALM HARBOR FL 34684 14 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE SZUCS, JOE 2.2 NAME NAME 2984 WESTCOTT DR STREET ADDRESS 2.3 STREET ADDRESS PALM HARBOR FL 34684 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE JENKINS, ADRIAN 3.2 NAME NAME **4012 MCKAY CREEK DR** 3.3 STREET ADDRESS STREET ADDRESS LARGO FL 34640 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE (Addition 4.1 TITLE 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 ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 attactment with an address, with all other like empowered.

SIGNATURE:

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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CR2E034 (11/98)