**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90096 002 \*\*\*150.00

## 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 # P98000038876

1. Corporation Name

QUALITY COMMUNICATIONS CONSULTANTS, INC.

Principal Place of Business Mailing Address						
117 WEST ALEXANDER STREET #124 117 WEST ALEXANDER STREET #				124		· ·
PLANT CITY FL 33566 PLANT CITY FL 33566						DO NOT WRITE IN THIS SPACE
ļ						3. Date Incorporated or Qualifed
1						04/29/1998
9 Principal D	ace of Business	2a, Mailing Addre	96			4. FEI Number Applied For
<b>—</b>	ace of business	26 Maining Floure	33			59-3507744   Not Applicable
Suite, Apt.	# etc	Suite, Apt. #,	etc.	-		\$8.75 Additional
22 27						5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing S5.00 May Be
23		28				Trust Fund Contribution  Added to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. ☐ Yes 💆 No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
551/1	NO DO OVARTURA I			81	Name	`,
REYNOLDS, CYNTHIA L				82	Street A	Address (P.O. Box Number is Not Acceptable)
117 WEST ALEXANDER STREET #124						
PLANT CITY FL 33566				83		
1				84	City	. 85 Zip Code
					•	FL
11, Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florid	a Statutes, the	above	e-named o	corporation submits this statement for the purpose of changing its registered
Affico or re	egistered agent, or both, in the State m familiar with, and accept the obliga	AT FINDING SUCH CHANG	IE Was allinorize	n nv	ING COURS	oration's board of directors. I hereby accept the appointment as registered
		,	•			,
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registere	ed Ager	nt signature re	required when reinstating) DATE
12.	OFFICERS AI	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	□ DE	LETE 1.1	TITLE		Change Addition
NAME	REYNOLDS, CYNTHIA L		1.21	NAME		
STREET ADDRESS	4310 DRAWDY ROAD		1.3	STREET	T ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33567			CITY-S	T-ZIP	
TITLE			LETE 2.1	TITLE		☐ Change ☐ Addition
NAME			2.2	NAME		
STREET ADDRESS			2.3	STREE	TADDRESS	. 1
CITY-ST-ZIP				CITY-S	ST-ZIP	
TITLE		□ DE	LETE 3.1	MLE	į	Change Addition
NAME			3.21	NAME		
STREET ADDRESS			3.3	STREE	TADORESS	
CITY-ST-ZIP				CITY-S	ST-ZIP	
TITLE			LETE 4.1	TITLE		☐ Change ☐ Addition
NAME				NAME		[;,
STREET ADDRESS			4.3	STREE	T ADDRESS	
CITY-ST-ZIP			4.4	CITY-S	T-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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

NAME

TITLE

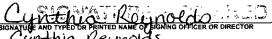
NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP



☐ DELETE

DELETE

☐ Change

Change

' [] Addition

☐ Addition