PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPLIRTMENT OF STATE

Katherine Harris

Secretary of State

FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90205 020 ***150.00

	1999	DIVISION OF CO	JRPURATIONS					
DOCUMENT # P9800054465 1. Corporation Name QUARTERMASTER STORE, INC.					 ! I ROHOOLE HE HITE! INVE BANN BONN F	d i di anihi alahi di ahi		
Principal Place	e of Business	Mailing Address			i i kalinkalı 119 süllüt i bilik kasısı bonu anısı a	Asiai Atilik anana mana	etial alli inet	
2509 S. PLANTATION DRIVE		2509 S. PLANTATION DRIVE						
MELBOURNE F	L 32901	MELBOURNE FL 32901			DO NOT WRITE IN T	H S SPACE		
					3. Date ir corporated or Qualifed]
					06/16/1998			1
2. Principal P	lace of Business	2a. Mailing Address			4. FELNumber	A	pried For	
21		26			59-35/3843		ot Applicable	1
Suite, Ar t.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	4	Arlditional ecuired	
City & State	6	City & State			6. Election Campaign Financing		May Be.	
23		28			Trust Fund Contribution		to Fees	1
Zip	Coun ry	Zip	Country		This corporation owes the current yea Personal Property Tax.	r Intangible ☐ Yes	Ì ∄ No	l
24	9. Name and Address of Current	29 3	101		10. Name and Address of New Register		, 24.0	1
	4. Name and Address of Correct	Valleter an vilaut	81 Name	ーレ	-1 1 11 -	La /		1
EPPIHIMER, ROBERT L JR. 82 Street Act				<u> </u>	ss (P.O. Box Number of light Acceptable)	'\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		1
2509 S. PLANTATION DRIVE			82 Street 2	25	09 5- WANTATA	W/DR		
MEL	83 4							
			84 City	<u></u>		. 85 Zip	Code	1
•				ne	BURNE	-L 3	290/_	1
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named co pora office or registered agent of both in the State of Florida. Such change was authorized by the corporation's agent. I am familiar with and provide put the obligations of, Section 607.0505, Fichida Statutes.					ation submit : this statement for the purpose is board of directors. I hereby accept the ap	e of changing its	rngistered gistered	1
agent. I a	m familiar ville, and accept the obligati	ons of, Section 907 0505, Picric	a Statutes.			1-1-	çı	
SIGNATURE	1000 12	EVIN - HE	Registered Agent signature re	-	when rematating) DATE	41 5211		۱ 🚓
12.	Synatural types of printed naz e of registered agent OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12	CR2E034 (11/98)
TITLE	Presipent	DELETE	1.3 TITLE	-P	esinent + Society	Change	Addition	∃
NAME	Robert L. Eppil	imer ITE	12 NAME	K	KUIN P. HOFFMAN.	300		8
STREET ADDRESS	70V	TATTON Diz.	1.3 STREET ADDRESS	2	509 S. PlANTATION			💥
CITY-ST-ZIP	melbourne P	1. 32901	1.4 CITY-ST-ZIP	_,N	relbourne 1-6. 3	<u>⊘2-201</u> ☐ Change	Addition	
TITLE		DELETE	2.1 TITLE			□ one de	AND MONION	_
NAME			22 NAME 23 STREET ADDRESS					1
STREET ADDRESS			2.4 City-SI-ZIP.					1
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE			Change	Addition	1
NAME			3.2 NAME				·	
STREET ADDRESS			33 STREET ADDRESS					ļ
CITY-ST-ZIP	-		3.4 CITY-S1-ZIP					- -
TITLE		☐ DELETE	4.1 TITLE		•	Change	Addition	1
NAME	·		4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	44 CITY-ST-ZIP 51 TITLE			Change	Addition	1
TITLE			52 NAME					
NAME STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP]
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRES			6.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 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 or rifly that the information indicated on this annual report or supplemental a mual 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 tastee empowered to elecute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 13 if changed, or on an attach remaining with an address, with all other like ampowered.

(402) 779-0749