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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90077 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000055777

1. Corporation Name

QUALITY 1ST AUTO UPHOLSTERY, INC.



Principal Place of Business

6917 AMBERJACK LN
HUDSON FL 34652

Mailing Address

6917 AMBERJACK LN
HUDSON FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1998

4. FEI Number

59-3525336

☒ 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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

9. Name and Address of Current Registered Agent

LUESCHER, KEVIN J
6917 AMBERJACK LN
HUDSON FL 34652

10. Name and Address of New Registered Agent

81. Name DENNIS A. REID
82. Street Address (P.O. Box Number is Not Acceptable)
10928 Hedges St
83. New Port Richey
84. City FL
85. Zip Code 34654

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: *Dennis A. Reid*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-18-99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME REID, DENNIS A
STREET ADDRESS 10928 HEDGES ST
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ DELETE

TITLE VD
NAME MCCORMIC, JOHN D
STREET ADDRESS 13420 CAROL DR
CITY-ST-ZIP HUDSON FL 34667 ☐ DELETE

TITLE TSD
NAME LUESCHER, KEVIN J
STREET ADDRESS 16137 BRADENTON ST
CITY-ST-ZIP BROOKSVILLE FL 34609 ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99

Date

727-819-0043

Daytime Phone #

CR2E034 (1/98)