

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

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

04-27-1999 90087 035 ***150.00

DOCUMENT # P98000097023

1. Corporation Name

QUALITY TESTING ASSOCIATES, INC.



Principal Place of Business

16906 TOBACCO ROAD
LUTZ FL 33549

Mailing Address

16906 TOBACCO ROAD
LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1998

4. FEI Number

54-3545207

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BROWN, GLENNE~~
~~2529 W BUSCH BLVD~~
~~SUITE 900~~
~~TAMPA FL 33618~~

81. Name

Herbert Sterling, Esq

82. Street Address (P.O. Box Number is Not Acceptable)

11150 MOODY AVE

83. City

Tampa

84. State

FL

85. Zip Code

33609

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

HERBERT P. STERLING

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
BAUHOFF, EMILY
STREET ADDRESS
16906 TOBACCO ROAD
CITY-STATE-ZIP
LUTZ FL 33549

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME
CARTER, BETTY J
STREET ADDRESS
16906 TOBACCO ROAD
CITY-STATE-ZIP
LUTZ FL 33549

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change

☐ Addition

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:

EMILY BAUHOFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

(813) 969-3063

Date

Daytime Phone #

CR2E034 (11/98)