

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S27307 (5)

1. Corporation Name

NU-QUALITY SERVICES INC.



Principal Place of Business

**6537 116TH AVENUE N
LARGO FL 34643
US**

Mailing Address

**6537 116TH AVE N.
LARGO FL 34643
US**

3. Date Incorporated or Qualified
01/24/1991

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3054936

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAGNUSSON, BONNIE
1241 DRIFTWOOD AVE.
CLEARWATER FL 34624**

81 Name

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

83

84 City

FL

85 Zip Code

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 ☒

Signature, typed or printed name of registered agent or director, as applicable

Date of Registration Agent's Signature (typed or printed name of registered agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SLAYTON, JEFFREY	
STREET ADDRESS	665 SEDGEWICK WAY	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TSOV	<input checked="" type="checkbox"/> DELETE
NAME	MAGNUSSON, BONNIE	
STREET ADDRESS	1241 DRIFTWOOD AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MARTIN, RICHARD D	
STREET ADDRESS	4827 23RD STREET N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SLAYTON, ROY E	
STREET ADDRESS	1232 EDENVILLE AVENUE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JEFFREY SLAYTON	
1.3 STREET ADDRESS	665 SEDGEWICK WAY	
1.4 CITY-ST-ZIP	PALM HARBOR, FL	
2.1 TITLE	V.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARTIN, RICHARD	
2.3 STREET ADDRESS	4827 23RD ST. N	
2.4 CITY-ST-ZIP	ST. PETE. FL	
3.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SLAYTON, ROY	
3.3 STREET ADDRESS	1232 EDENVILLE	
3.4 CITY-ST-ZIP	CLEARWATER, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

Roy E. Slayton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 813-546-5579

CR2E034 (12/95)