

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
J. Mark B. McArthur
Secretary of State
1000 N. GULF BLVD., SUITE 100
TALLAHASSEE, FL 32304-0001

APPROVED
AND
FILED

MAY 11 1995 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S31379**

(8)

1. Incorporation Number

QUALITY CONSTRUCTION OF BREVARD, INC.

2. Principal Place of Business

3. Mailing Address

115 NORWOOD AVE
P O BOX 372781
SATELLITE BEACH FL 32937

115 NORWOOD AVE
P O BOX 372781
SATELLITE BEACH FL 32937

(If Not Used, Leave Blank)

3. Date of Incorporation or Reincorporation 02/12/1991	3a. Date of Last Report 05/01/1994
4. FIC Number 59-3057136	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Finance or Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
8. Has Corporation been subject to an administrative law enforcement action under Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business 21	2b. Mailing Address 26
3. City & State 22	3a. City & State 27
4. City & State 23	4a. City & State 28
5. City & State 24	5a. City & State 29
6. City & State 25	6a. City & State 30

9. Name and Address of Current Registered Agent

JACOBY, DAVID H., ESQUIRE
5205 BARCOCK ST N.E.
SUITE 6
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Section 607.01, 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, chairman or president, or by the appropriate registered agent, and the corporation has complied with the provisions of Section 607.01, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Secretary/Treasurer)

(Signature of New Registered Agent, if Applicable)

12. OFFICERS AND DIRECTORS	13. ADDITIONAL OFFICERS, DIRECTORS AND REGISTERED AGENTS
NAME PD DENNEY, CLIFFORD W. 115 NORWOOD AVE SATELLITE BEACH FL	NAME ☐ Change ☐ Add
STREET ADDRESS STD DENNEY, KATHERINE K. 115 NORWOOD AVE SATELLITE BEACH FL	STREET ADDRESS ☐ Change ☐ Add
CITY ☐ Change ☐ Add	CITY ☐ Change ☐ Add
STATE ☐ Change ☐ Add	STATE ☐ Change ☐ Add
ZIP CODE ☐ Change ☐ Add	ZIP CODE ☐ Change ☐ Add
NAME ☐ Change ☐ Add	NAME ☐ Change ☐ Add
STREET ADDRESS ☐ Change ☐ Add	STREET ADDRESS ☐ Change ☐ Add
CITY ☐ Change ☐ Add	CITY ☐ Change ☐ Add
STATE ☐ Change ☐ Add	STATE ☐ Change ☐ Add
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CITY ☐ Change ☐ Add	CITY ☐ Change ☐ Add
STATE ☐ Change ☐ Add	STATE ☐ Change ☐ Add
ZIP CODE ☐ Change ☐ Add	ZIP CODE ☐ Change ☐ Add

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated as Section 607.01, Florida Statutes. I further certify that the information included on this report is supplemental annual report or true and correct and that my corporation shall have the same as the last annual report with that I am an officer or director of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, or Block 1a, of this report, or on an affidavit with an address.

SIGNATURE: *Katherine Denney* Katherine Denney Sec'y-Treas. 5-1-95 (A01)777-0257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR