FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S31379

(8)

QUALITY CONSTRUCTION OF BREVARD, INC.

Principal Place	e of Business	Mailing Address				I CONTRUIT AND THINK HINDS WHILL HOTTH	18 018 18 18 		
115 NORWOOD AVE P O BOX 372781 SATELLITE BEACH FL 32837		115 NORWOOD AVE P O BOX 372781 SATELLITE BEACH FL 32937-0781							
						3. Date Incorporated or Qualific 02/12/1991		of Last Re /1996	eport .
2. Principal P	lace of Business	2a. Mailing Addr	oss			4. FEI Number	\	Ap	plied For
21		26				59-3057136		 -	t Applicable
Suite, Apt.		Suite, Apt #	etc			5. Certificate of Status Desired		\$8.75 A	
City & State		City & State	City & Stato			6. Election Campaign Financin	9	\$5.00	May Be
23		28				Trust Fund Contribution	<u>X</u>	Added 1	o Fees
	Zip Country		Zip Cou				for intangible tax under s. 199.032,		
24	25 9. Name and Address of Curre	29 29 Anoni	30			Florida Statutes 10. Name and Address of New	Yes L		
IACC	DBY, DAVID H., ESQUIRE	in registered Agent		81	Name	10. Name and Address of New	Hedistelen V	JOI11	
	BABCOCK ST N.E.			82					
SUITE 6					Street Add	fress (P.O. Box Number is Not Acce	otable)		
	A BAY FL 32905			83					
1716	ii bi() 1E deddd			2				1	
				84	Cily		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Flori	da Statutos,	the above	named cor	poration submits this statement for the	ne purpose of c	hanging it:	s registered
agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obli	gations of, Section 607	ige was aum 0505, Floridi	iorized by a Statutes	r me corpora 3.	ation's board of directors. I hereby at	cept the appoi	niment as	registerea
SIGNATURE									
	Signature, typen or printed name of registered a		(NOTE: Be		at signature reed	ired when trinsfalling)	DATE	DECTOR	
12.	PD OFFICERS AL	ND DIRECTORS	1 F 1 F	13.		ADDITIONS/CHANGES TO O	FFICERS AND L	Change	Addition
NAME	DENNEY, CLIFFORD W.	الا لـــا	Lette	1.2 NAME	}		L-	Oncongo	7100(1011
STREET ADDRESS	115 NORWOOD AVE				ADDRESS				
CITY-ST-ZIP	SATELLITE BEACH FL				I-ZIP				
TITLE	STD	D	DELETE					Change	Addition
NAME	DENNEY, KATHERINE K.		2 2 NAME						
STREET ADDRESS	115 NORWOOD AVE			2.3 STREET	ADDRESS				
CITY-ST-ZIP	SATELLITE BEACH FL			2. 4 CITY - 5	ST - 7IP				
TITLE		Di	LETE	3.1 TITLE				Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3 3 STREET	ADDRESS				
CITY-ST-ZIP				3.4 CHY-5	ST-ZIP				
TITLE		0 [_]	LETE	4.1 TITLE	İ		L	Change	Addition
NAME				4.2 NAME	ļ				
STREET ADDRESS				4.3 STREET					
CITY-ST-ZIP			1616	44 CITY - S	51 - 71P			Change	Addition
TITLE		D	are .	5.1 NILE			L	Change	☐ Addition
NAME				5 2 NAME	unence é				l
STREET ADORESS				53 STREET					
CITY-ST-ZIP TITLE		D	TI FTC	5.4 CITY - S 6.1 TITLE	ot - ZIP	4.0		Change	Addition
NAME		ه لب		6.2 NAME			Ļ.	onungo	
				6.3 STREET	ADDRESS				l
STREET ADDRESS				0.3 a MtH	MINIMESS				

14. I do 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 logal 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.

SIGNATURE:

(1) For I W. Denney / 3 - / 97 (407) 777 - 5578