FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S44472** **(6)**

1. Corporation Name

QUALITECH SYSTEMS, INC.

Principal Place of Business	Mailing Address
9250 BAYMEADOWS ROAD SUITE 120 JACKSONVILLE FL 32256 US	9250 BAYMEADOWS ROAD SUITE 120 JACKSONVILE FL 32202 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1991	3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3062007	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GILLESPIE, JOHN F. JR.
9250 BAYMEADOWS RD.
SUITE 120
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

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 I accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: J. F. Gillespie

(Typed or printed name of registered agent) (Registered Agent's signature required for filing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	PD	41 TITLE	☐ Change ☐ Addition
32 NAME	LAW, TIMOTHY A	42 NAME	
33 STREET ADDRESS	9250 BAYMEADOWS RD. SUITE 120	43 STREET ADDRESS	
34 CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP	
35 TITLE	VD	45 TITLE	☐ Change ☐ Addition
36 NAME	GILLESPIE, JR. J F.	46 NAME	
37 STREET ADDRESS	211 SOUTH ROSCOE BLVD.	47 STREET ADDRESS	
38 CITY ST ZIP	PONTE VEDRA BEACH FL	48 CITY ST ZIP	
39 TITLE	STD	49 TITLE	☐ Change ☐ Addition
40 NAME	SLAVIN, MARK	50 NAME	
41 STREET ADDRESS	9259 JAYBIRD CIRCLE WEST	51 STREET ADDRESS	
42 CITY ST ZIP	JACKSONVILLE FL	52 CITY ST ZIP	
43 TITLE		53 TITLE	☐ Change ☐ Addition
44 NAME		54 NAME	
45 STREET ADDRESS		55 STREET ADDRESS	
46 CITY ST ZIP		56 CITY ST ZIP	
47 TITLE		57 TITLE	☐ Change ☐ Addition
48 NAME		58 NAME	
49 STREET ADDRESS		59 STREET ADDRESS	
50 CITY ST ZIP		60 CITY ST ZIP	
51 TITLE		61 TITLE	☐ Change ☐ Addition
52 NAME		62 NAME	
53 STREET ADDRESS		63 STREET ADDRESS	
54 CITY ST ZIP		64 CITY ST ZIP	

14. To the best of my knowledge and belief, the information supplied with this report is voluntarily furnished and 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, correct or current 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.

SIGNATURE: J. F. Gillespie

DIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OFFICER OR DIRECTOR

4/25/95

(904-737-7804)
Daytime Telephone number

0021080 CP