ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S64555 (3)

1. Corporation Name
QUALITY CONTROL PANELS, INC.

FILED
95 MAY -1 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1902 BARTON PARK RD STE 201 AUBURNDALE FL 33823 US	1902 BARTON PARK ROAD SUITE 201 AUBURNDALE FL 33823 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/05/1991	3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-3073649	☐ 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 10675-1 Hwy. 105 South	26 10675-1 Hwy. 105 South
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Banner Elk, NC	28 City & State: Banner Elk, NC 28604
24 Zip: 28604 / 25 Country: Watauga	29 Zip: 28604 / 30 Country: Watauga

9. Name and Address of Current Registered Agent

VICENTE, BARBARA
448 AVE B NE
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name: Lawrence P. Vogelgesang
82 Street Address (P.O. Box Number is Not Acceptable): 1099 Grove Lane
83
84 City: Mt. Dora FL 85 Zip Code: 32757

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: Lawrence P. Vogelgesang — Lawrence P. Vogelgesang — 4-20-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when marked (9)) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President, Treas. ☒ Change ☐ Addition
NAME	VICENTE, RICARDO	1.2 NAME	Vicente, Ricardo
STREET ADDRESS	448 AVE B NE	1.3 STREET ADDRESS	3285 Pine Run Road, Apt. B
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	Boone, NC 28607
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	VICENTE, MARGARITA	2.2 NAME	No longer an officer.
STREET ADDRESS	13377 LAKE BUTLER BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	Vice President, Sect'y ☒ Change ☐ Addition
NAME	VICENTE, BARBARA	3.2 NAME	Vicente, Barbara
STREET ADDRESS	448 AVE B NE	3.3 STREET ADDRESS	3285 Pine Run Road Apt. B
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	Boone, NC 28607
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Barbara Vicente, VP — Barbara Vicente — 4/27/95 — (704)963-8991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0318881 CP