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 # **S71289** **(0)**

1. Corporation Name

QUALITY LIFE PRODUCTS, INC.

Principal Place of Business	Mailing Address
RT. 10. BOX 45 LIVE OAK FL 32060	RT. 10. BOX 45 LIVE OAK FL 32060

3. Date Incorporated or Qualified: 08/06/1991

3a. Date of Last Report: 04/21/1995

4. FEI Number: 59-3072207 ☐ 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 11510 100th St.	26 11510 100th St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Live Oak, FL	City & State 28 Live Oak, FL
Zip 24 32060 Country 25 U.S.A.	Zip 29 32060 Country 30 U.S.A.

9. Name and Address of Current Registered Agent

J RICHARD PRICKITT
ROUTE 10 BOX 45
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

81 Name: J. Richard Prickitt
82 Street Address (P.O. Box Number is Not Acceptable): 11510 100th St.
83
84 City: Live Oak FL 85 Zip Code: 32060

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☑ DELETE	1.1 TITLE	Frank C. Davis	☐ Change ☑ Addition
NAME	PRICKITT, VICKI		1.2 NAME		
STREET ADDRESS	314 SEMINOLE STREET		1.3 STREET ADDRESS	1341 Copeland St.	
CITY-ST-ZIP	LIVE OAK FL		1.4 CITY-ST-ZIP	Live Oak, FL 32060	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PRICKITT, J. RICHARD		2.2 NAME		
STREET ADDRESS	RT. 10, BOX 45		2.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	700001342027	☐ Change ☐ Addition
NAME			6.2 NAME	-05/29/96--01022--015	
STREET ADDRESS			6.3 STREET ADDRESS	***225.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

5/28/96

CR2E034 (12/95)

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: J. Richard Prickitt J. Richard Prickitt 5-21-96 (904) 364 5265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #