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
RT. 10. BOX 45
LIVE OAK FL 32060

Mailing Address
RT. 10. BOX 45
LIVE OAK FL 32060

3. Date Incorporated or Qualified: 08/06/1991
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business
21 11510 100th St.
Suite, Apt. #, etc.
22
City & State
23 Live Oak, Fl
Zip 24 32060 Country 25 U.S.A

2a. Mailing Address
26 11510 100th St.
Suite, Apt. #, etc
27
City & State
28 Live Oak, FL
Zip 29 32060 Country 30 U.S.A.

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

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

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

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

CR2E034 (12/95)