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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V54752

(3)

1. Corporation Name

ALL QA PRODUCTS, INC.

Principal Place of Business

Mailing Address

QA ALL QA PRODUCTS, INC.
3427 S.W. 42nd Way
Gainesville, FL 32608
Telephone (352) 335-5161
Fax (352) 335-4890

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3427 S.W. 42nd Way
Gainesville, FL 32608
Telephone (352) 335-5161
Fax (352) 335-4890



3. Date Incorporated or Qualified 08/03/1992
3a. Date of Last Report 04/23/1996

4. FEI Number 59-3138120
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

10. Name and Address of New Registered Agent

JONES, RICHARD T.
912 N.E. 2ND STREET
GAINESVILLE FL 32602

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature required for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PSD	☐ DELETE
NAME	ATKINS, ROBERT M.	
STREET ADDRESS	QA ALL QA PRODUCTS, INC. 3427 S.W. 42nd Way Gainesville, FL 32608 Telephone (352) 335-5161 Fax (352) 335-4890	
CITY - ST - ZIP		☐ DELETE
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		☐ DELETE
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		☐ DELETE
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		☐ DELETE

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	☐ Change ☐ Addition
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	☐ Change ☐ Addition
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	☐ Change ☐ Addition
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	☐ Change ☐ Addition
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	☐ Change ☐ Addition
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	☐ Change ☐ Addition

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 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:

Robert M. Atkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Feb 97

335-5161

Date Daytime Phone

CR2E034 (9/96)