

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 # V55137 (6)

1. Corporation Name

QUALITY MAINTENANCE AND REPAIR, INC.



Principal Place of Business

Mailing Address

498 W. MAIN ST.
COCOA FL 32952

1365 LESLIE DRIVE
MERRITT ISLAND FL 32953

3. Date Incorporated or Qualified

08/04/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 498 W. Main St

26 498 W. Main St

4. FEI Number

59-3136326

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

24 32922

25 US

29 32922

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCLURE, CHARLES F.
1365 LESLIE DR.
MERRITT ISLAND FL 32953

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 typed or 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 ☐ DELETE

V
NAME MCCLURE, RICHARD E.
STREET ADDRESS 4201 TARGERINE ST.
CITY-ST-ZIP COCOA FL 32926

1.1 TITLE President, D, C ☐ Change ☒ Addition

1.2 NAME Charles F. Mcclure
1.3 STREET ADDRESS 498 W. Main St
1.4 CITY-ST-ZIP COCOA, FL 32922

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE T ☐ Change ☒ Addition

2.2 NAME Connie M. Mcclure
2.3 STREET ADDRESS 498 W. Main St
2.4 CITY-ST-ZIP COCOA, FL 32922

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME Diana L. Mcclure
3.3 STREET ADDRESS 4201 Targerine St
3.4 CITY-ST-ZIP COCOA, FL 32926

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles F. Mcclure

2-16-96

402-459-0041

Date

Daytime Phone #

CR2E034 (12/95)