

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V55137** (6)

1. Corporation Name  
**QUALITY MAINTENANCE AND REPAIR, INC.**

Principal Place of Business <b>498 W MAIN ST COCOA FL 32922 US</b>	Mailing Address <b>498 W MAIN ST COCOA FL 32922-7233 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/04/1992</b>	3a. Date of Last Report <b>02/21/1996</b>
21	26	4. FEI Number <b>59-3136326</b>		Applied For Not Applicable	
22	27	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MCCLURE, CHARLES F. 1365 LESLIE DR. MERRITT ISLAND FL 32953</b>		10. Name and Address of New Registered Agent			
		81	Name <b>McClure, Charles F.</b>		
		82	Street Address (P.O. Box Number is Not Acceptable) <b>565 Robin Hood Dr.</b>		
		83			
		84	City <b>Merritt Island</b>	FL	85 Zip Code <b>32953</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V MCCLURE, RICHARD E.</b>	1.2 NAME	
STREET ADDRESS	<b>4201 TANGERINE ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCOA FL 32928</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PDC MCCLURE, CHARLES F.</b>	2.2 NAME	
STREET ADDRESS	<b>498 W MAIN ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCOA FL</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T MCCLURE, CONNIE M.</b>	3.2 NAME	
STREET ADDRESS	<b>498 W MAIN ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCOA FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S MCCLURE, DIANA L.</b>	4.2 NAME	
STREET ADDRESS	<b>4201 TANGERINE ST</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>COCOA FL</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  1-13-97 402-459-0041  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)