

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07828

Entity Name: QUALITY CARRIERS, INC.**Current Principal Place of Business:**4041 PARK OAKS BOULEVARD
SUITE 200
TAMPA, FL 33610**Current Mailing Address:**4041 PARK OAKS BOULEVARD
SUITE 200
TAMPA, FL 33610 US**FEI Number:** 36-2590063**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D/CEO
Name	ENZOR, GARY R.
Address	4041 PARK OAKS BOULEVARD SUITE 200
City-State-Zip:	TAMPA FL 33610

Title	SECRETARY, SVP, GC
Name	WILSON, JOHN
Address	4041 PARK OAKS BOULEVARD SUITE 200
City-State-Zip:	TAMPA FL 33610

Title	EVP/CFO
Name	TROY, JOSEPH J.
Address	4041 PARK OAKS BOULEVARD SUITE 200
City-State-Zip:	TAMPA FL 33610

Title	CONTROLLER, VP, T
Name	COHAN, ROBIN
Address	4041 PARK OAKS BLVD, SUITE 200
City-State-Zip:	TAMPA FL 33160

Title	PRESIDENT
Name	STRUTZ, RANDALL T.
Address	4041 PARK OAKS BLVD. SUITE 200
City-State-Zip:	TAMPA FL 33610

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN WILSON**SECRETARY****04/29/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date