

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000001352 (1)

1. Corporation Name

QUALITY TRANSPORTATION SERVICES, INC.

Principal Place of Business

PO BOX 5159
KINGSPORT TN 37663

Mailing Address

PO BOX 5159
KINGSPORT TN 37663

97 OCT 20 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

97.00

2. Principal Place of Business

21 PO Box 5328

2a. Mailing Address

26 PO Box 5328

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Kingsport, TN

City & State

28 Kingsport, TN

Zip

24 37663

Country

Zip

29 37663

Country

30

3. Date Incorporated or Qualified

03/18/1996

3a. Date of Last Report

4. FEI Number

62-1483847

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible/
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CERONE, ROY J

1522 W. Princeton Rd

ORLANDO FLORIDA

1209 W. Shipley Ferry Rd
Kingsport, TN 37663

10. Name and Address of New Registered Agent

81 Name

Roy J. Cerone

82 Street Address (P.O. Box Number is Not Acceptable)

1209 W. Shipley Ferry Rd

83

1522 W. Princeton Suite D

84 City

Kingsport

TN

85 Zip Code

37663

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)

9-18-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC
NAME CERONE, ROY J
STREET ADDRESS 309 MEADOW LANE
CITY-ST-ZIP KINGSPORT TN 37663

TITLE VDC
NAME RAMSEY, JAMES
STREET ADDRESS 2117 W. ANDREW JOHNSON HWY.
CITY-ST-ZIP MORRISTOWN TN 37814

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

9-18-97

423-239-3488

CR2E034 (4/97)