

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

FILED

Jan 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V13722** (6)

1. Corporation Name
CHARLEY TOPPINO & SONS, INC.

Principal Place of Business MILE MARKER 8.5 US HIGHWAY 1 KEY WEST FL 33040	Mailing Address P.O. BOX 787 US HIGHWAY 1 KEY WEST FL 33041-0787 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/11/1992	3a. Date of Last Report 01/30/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0360046	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	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	
SPOTTSWOOD, JOHN M. JR. 500 FLEMING STREET KEY WEST FL 33040		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	P TOPPINO, FRANK P	1.2 NAME	
STREET ADDRESS	37 EVERGREEN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	T TOPPINO, GEORGE B SR	2.2 NAME	
STREET ADDRESS	3830 S ROOSEVELT BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	VS TOPPINO, EDWARD SR	3.2 NAME	
STREET ADDRESS	3424 RIVERA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	AS TOPPINO, DANIEL P	4.2 NAME	
STREET ADDRESS	33 CALLE UNO	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	AV TOPPINO, EDWARD JR	5.2 NAME	
STREET ADDRESS	165 KEY HAVEN ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	AT TOPPINO, RICHARD J	6.2 NAME	
STREET ADDRESS	10 EGRET LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	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: Frank P. Toppino Frank P. Toppino 1-27-97 (305) 296-5606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)