

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 # 180765 (0)  
1. Corporation Name  
TOPO, INC.



Principal Place of Business  
1300 RIVERPLACE BLVD  
610  
JACKSONVILLE FL 32207  
US

Mailing Address  
1300 RIVERPLACE BLVD  
610  
JACKSONVILLE FL 32207  
US

3. Date Incorporated or Qualified  
09/25/1954

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-0844234

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

BRANNEN W.M.  
1300 RIVERPLACE BLVD  
SUITE 610  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	TOWERS JR, C. D.	4589 ORTEGA BLVD	JACKSONVILLE FL	<input type="checkbox"/>
V	JAMES, H.R.	6215 WILSON BLVD	JACKSONVILLE FL	<input type="checkbox"/>
V	BRANNEN, W.M.	1300 GULF LIFE DR.	JACKSONVILLE FL	<input type="checkbox"/>
VD	LYERLY, JEAN B.	4314 MCGIRTS BLVD.	JACKSONVILLE FL	<input type="checkbox"/>
VSD	LYLE, M.L.	3555 RIVERSIDE AVE.	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	C. D. Towers, Jr.	1300 Riverplace Boulevard, Ste. 610	Jacksonville, FL 32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	H. R. James, Sr.	1300 Riverplace Boulevard, Ste. 610	Jacksonville, FL 32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	W. M. Brannen	1300 Riverplace Boulevard, Suite 610	Jacksonville, FL 32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	Jean B. Lyerly	1300 Riverplace Boulevard, Ste. 610	Jacksonville, FL 32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VSD	M. L. Lyle	1300 Riverplace Boulevard, Suite 610	Jacksonville, FL 32207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

W. M. Brannen

4/19/96

904 396-1010

Date

Daytime Phone #

CR2E034 (12/95)