

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

FILED
Jan 25 1996 8:00 am
Secretary of State

DOCUMENT # 499212

(9)

1. Corporation Name

T.O.P.S. TEMPS, INC.

Principal Place of Business

2376 FRUITVILLE ROAD
SARASOTA FL 34237

Mailing Address

2376 FRUITVILLE ROAD
SARASOTA FL 34237

2. Principal Place of Business

2a. Mailing Address

21 State, Apt., etc.

26 State, Apt., etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

STULTS, CYNTHIA G
2376 FRUITVILLE ROAD
SARASOTA FL 34237

3. Date Incorporated or Qualified

03/11/1976

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0330061

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

10. Name and Address of New Registered Agent

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 607.1504, 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 in plain text and printed name of the registered agent

Signature typed in plain text and printed name of the registered agent

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME: C
STULTS, III E. M.
STREET ADDRESS: 2376 FRUITVILLE ROAD
CITY, ST, ZIP: SARASOTA FL

1.2 TITLE ☐ DELETE

NAME: PSTD
STULTS, CYNTHIA G
STREET ADDRESS: 2376 FRUITVILLE ROAD
CITY, ST, ZIP: SARASOTA FL

1.3 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

1.4 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

1.5 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

1.6 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

1.7 TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS ☐ Change ☐ Addition

1.4 CITY, ST, ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY, ST, ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY, ST, ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY, ST, ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY, ST, ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY, ST, ZIP ☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE

Cynthia G. Stults

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/96

941-365-6565

Date

Telephone

CR2E034 (12/95)