

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90043 013 ***150.00

DOCUMENT # 532888

1. Corporation Name
TOPIARY, INC.

Principal Place of Business

**4520 WATROUS AVE
TAMPA FL 33629
US**

Mailing Address

**4529 WATROUS AVE
TAMPA FL 33629
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1977

4. FEI Number

59-1749660

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 owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

9. Name and Address of Current Registered Agent

**GUYTON, JOHN A.C. III
109 N BRUSH ST
STE 500
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name **MIA HARDCASTLE**

82 Street Address (P.O. Box Number is Not Acceptable)
6210 BAYSHORE BLVD

83

84 City **TAMPA** **FL** **85** Zip Code **33611**

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 607.0705, Florida Statutes.

SIGNATURE **MIA C. HARDCASTLE, PRES.** **Mia C. Hardecastle** **3/15/99**
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 **P** ☐ DELETE

NAME **HARDCASTLE, MIA C.**
STREET ADDRESS **6210 BAYSHORE BLVD.**
CITY-ST-ZIP **TAMPA FL**

TITLE **ST** ☐ DELETE

NAME **GREIWE, MARY BETH**
STREET ADDRESS **4520 WATROUS AVE**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I 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, with all other like empowered

SIGNATURE:

Mary Beth Greiwe **MARY BETH GREIWE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)