

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 # 575613 (5)

1. Corporation Name

TOPIC OF MOUNT DORA, INC.



Principal Place of Business

32225 HIGHWAY 19A
P.O. BOX 187
DADE CITY FL 33526-0187

Mailing Address

32225 HIGHWAY 19A
P.O. BOX 187
DADE CITY FL 33526-0187

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

06/13/1978

3a. Date of Last Report

02/17/1995

4. FEI Number

59-1829628

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TABOR, MICHAEL E
4645 NORTH HWY 19A
DUNEDIN, FL
MT DORA FL 32757

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

Signature, type or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME: TD
STREET ADDRESS: MATTHEW, WM L
CITY-ST-ZIP: 129 BUENA VISTA DR
DUNEDIN, FL 00000

TITLE ☐ DELETE
NAME: PD
STREET ADDRESS: TABOR, MICHAEL E
CITY-ST-ZIP: 4645 NORTH HWY 19A
MT DORA FL

TITLE ☐ DELETE
NAME: SD
STREET ADDRESS: CLEMENT, STORY III.
CITY-ST-ZIP: 115 WEST MAIN STREET.
LAFAYETTE LA

TITLE ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

1 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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

1-17-96

Date

813-733-8053

Daytime Phone #

CR2E034 (12/95)