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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

821090

(8)

VILID	ALL	TOPPERS	INIC

	ALL TOPPERS INC.								
Principal Place	of Business	Mailing Address	······································					BE BUUN UNU	IN BANKAN BENKANDA
	Dration Street Jla Ca 93060-0095	800 CORPORATION SANTA PAULA CA							
						3. Date Incorporated or Qualified	3a. Date	of Last Re	eport
						01/19/1968	0	4/05/19	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number		├	Applied For
21		26				95-2438305			Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State	9	City & State				6. Election Campaign Financing	r,	\$5.0	0 May Be
23		28				Trust Fund Contribution		Adde	d to Fees
Zφ	Country	Zip	Cou	ntry		8. This corporation has liability fo		x under s	199.032,
24	25	29	30				s 🗆 No		
	9. Name and Address of Currer	nt Registered Agent		04 1		10. Name and Address of New	Registered /	Agent	
			1	81 Na	me				
BIGBY,	, BILL			82 Str	eet Addres	ss (P.O. Box Number is Not Accepta	able)		
1503 L	UCERNE PARK RD			83					
HAINE	S CITY FL 33844			63					
				84 Cit	 ý		FL	85 Zi	p Code
	to the provisions of Sections 607.0502	0 1 007 4500 Florido Crea	Lana Aba aba			in a shorte this statement for the so			contared office
or register familiar wit	red agent, or both, in the State of Flori th, and accept the obligations of, Sect	tion 607.0505, Florida Statut	les.	Urporatio	ai s Doaid	of directors. Thereby accept the ap	ADDITIONE AS	registerso	agent, ram
CICNIATUDE	Simplify typed or ported name of registered appra	and title if applicable		Agent signa	lure required v	when reinstating)	DATE		
CICNIATUDE	Signature, typed or printed name of registered agen OFFICERS AN	k and title if applicable	(NOTE Registered	Agent signa		ADDITIONS/CHANGES TO OF		DIRECTO	DRS IN 12
SIGNATURE	OFFICERS AN		(NOTE Registered		OIR	ADDITIONS/CHANGES TO OF	FFICERS AND	DIRECTO	DRS IN 12
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certify that the information indicated on this annual report or supplemental armual 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 dister 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: _

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PLANT P. PLODVCK, PRES 4/25/46

805-525-2116

CR2E034 (12/95)