

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

DOCUMENT # **H75736**

1. Corporation Name

TOPLINE INTERNATIONAL, INC.

Principal Place of Business

12885 62ND ST N
#200
LARGO FL 33773
US

Mailing Address

711 142ND AVE N.
68
LARGO FL 34641
US

2. Principal Place of Business

21 252 West Marion Avenue

2a. Mailing Address

26 252 West Marion Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 Punta Gorda, FL 33950

27 City & State
28 Punta Gorda, FL 33950

24 Zip Country
25

29 Zip Country
30

9. Name and Address of Current Registered Agent

OAKS, DAVID K
252 W MARION AVE
PUNTA GORDA FL 33950

3. Date Incorporated or Qualified

09/12/1985

4. FEI Number

59-2597221

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

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 607.1508, 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 PST
NAME MITCHELL, THOMAS E.
STREET ADDRESS 7111 142ND AVE. N #68
CITY-ST-ZIP LARGO FL

☐ DELETE

TITLE D
NAME MITCHELL, THOMAS E.
STREET ADDRESS 7111 142ND AVE. N #68
CITY-ST-ZIP LARGO FL

☐ DELETE

TITLE V
NAME MITCHELL, JEAN A.
STREET ADDRESS 7111 142ND AVE. N #68
CITY-ST-ZIP LARGO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

252 West Marion Avenue
Punta Gorda, FL 33950

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

252 West Marion Avenue
Punta Gorda, FL 33950

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

252 West Marion Avenue
Punta Gorda, FL 33950

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/99

Date

727-415-2879

Daytime Phone #

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90016 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)