

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 AUG -9 PM 2:38

DOCUMENT # L26420

(4)

1. Corporation Name

TOP FLIGHT IND., INC.

Principal Place of Business

5151 SUNBEAM RD.
STE. 23
JACKSONVILLE FL 32257
US

Mailing Address

5151 SUNBEAM RD.
STE. 23
JACKSONVILLE FL 32257
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/27/1989

3a. Date of Last Report

06/30/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2990348

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. 190.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTIN, VICTOR V.
11262 WINDTREE DRIVE, EAST
JACKSONVILLE FL 32257

81 Name Victor Martin
82 Street Address (P.O. Box Number is Not Acceptable)
11262 WINDTREE DR.

83

84

City Jacksonville

FL

85 Zip Code 32257

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

Victor Martin

(NOTE: Registered Agent signature required when re-registering)

DATE

6-1-95

12. OFFICERS AND DIRECTORS

TITLE PT
NAME MARTIN, VICTOR V.
STREET ADDRESS 11262 WINDTREE DR. EAST
CITY - ST - ZIP JACKSONVILLE FL

TITLE VP
NAME BRIGANCE, GORDON H.
STREET ADDRESS 4320 WINDTREE DR S
CITY - ST - ZIP JACKSONVILLE FL

TITLE S
NAME BRIGANCE, E. MARIE
STREET ADDRESS 11262 WINDTREE DR. EAST
CITY - ST - ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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 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)(b), 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:

Victor Martin

Date

Daytime Phone #

6-1-95

904
730-9594

CR2E034 (3/95)