FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 MAR -9 PM 4:22

DOCUMENT # **L67273** **(7)**

1. Corporation Name

TOP MANAGEMENT OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
16521 SAN CARLOS BLVD., SUITE F FT MYERS FL 33908-3951	16521 SAN CARLOS BLVD., SUITE F FT MYERS FL 33908-3951

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/01/1990
3a. Date of Last Report: 04/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 65-0184592 ☐ 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

HUFF, WILLIAM E.
16521 SAN CARLOS BLVD
SUITE F
FT MYERS FL 33908-2245

10. Name and Address of New Registered Agent

81 Name: BEATRICE E. DILLER
82 Street Address (P.O. Box Number is Not Acceptable): 16521 San Carlos Blvd, F
83: Fort Myers
84 City: FL 85 Zip Code: 33908

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: Beatrice E. Diller — 2-28-95
Signature, typed 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	VD	1.1 TITLE	PD	☒ Change ☒ Addition
NAME	HUFF, NANCY M.	1.2 NAME	BEATRICE E. DILLER	
STREET ADDRESS	16521 SAN CARLOS BLVD, F	1.3 STREET ADDRESS	17417 FUCHSIA RD	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	PD	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	HUFF, WILLIAM E.	2.2 NAME	ELMER L. GARGAC	
STREET ADDRESS	16521 SNA CARLOS BLVD, F	2.3 STREET ADDRESS	16521 SAN CARLOS BLVD, F	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		3.1 TITLE	S/T	☒ Change ☐ Addition
NAME		3.2 NAME	SAM HUFF	
STREET ADDRESS		3.3 STREET ADDRESS	16521 SAN CARLOS BLVD, F	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Beatrice E. Diller — 2-13-95 — 813-466-3330
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
BEATRICE E. DILLER

032107A CP