## 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

## **FILED** Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90051 035 \*\*\*150.00

## DOCUMENT # M75210 1. Corporation Name

TOPTECH SYSTEMS, INC.

Principal Place of Business

Mailing Address

656 FLORIDA CENTRAL PKWY

656 FLORIDA CENTRAL PKWY

				1111	Hilli	11111	HEH	Ш

LONGWOOD FL 32750	LONGWOOD FL 32750		DO NOT WRITE IN THIS SPACE				
			3. Date Incorporated or Qualifed				
			04/01/1988				
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For			
21 280 Hunt Park Cove	26 280 Hunt Park	: Gue	59-2886977	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State 23 Long wood FL	City & State  28 Longwood, FL	_	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 24 32750 25	Zip Co.	untry	This corporation owes the current year I     Personal Property Tax.	ntangjbrie ∐Yes □No			
9. Name and Address of Curre	ent Registered Agent	10. Name and Address of New Registered Agent					
		81 Name					
Barnhill, James e 656 Florida Central PKWY		82 Street Address (P.O. Box Number is Not Acceptable) 280 Hunt Park Cove					
LONGWOOD FL 32750		83		<u>.</u>			
				Zip Code 32750			
11. Pursuant to the provisions of Sections 607.05	502 and 607.1508. Florida Statutes, the a	above-named cor	poration 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: Re	egistered Agent signature requ	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BARNHILL, JAMES E.	1.2 NAME	
STREET ADDRESS	1703 INVERNESS COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY+ST-ZIP	
TITLE	D DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DUNLAP, DOUGLAS A.	2.2 NAME	
STREET ADDRESS	507 SWEETWATER CLUB CIRCLE	2.3 STREET ADDRESS	ga and the same of
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	·
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	C. C. 40 07/0/5 El. il- Outstand I forther entity that the information

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: