

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

APPROVED
AND
FILED

95 MAY -1 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M93145

(4)

1. Corporation Name

~~MARITIME LUMBER SUPPLY, INC.~~
TOPEZ, INC.

Principal Place of Business

Mailing Address

2393 SE DIXIE HWY
STUART FL 34996

2393 SE DIXIE HWY
STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1988

3a. Date of Last Report

04/29/1994

2. Principal Place of Business

2a. Mailing Address

21 4189 SE KUBIN AVE

26 4189 SE KUBIN AVE

4. FEI Number

65-0065972

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

City & State

City & State

23 STUART FL

28 STUART FL

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 34997 25 USA

29 34997 30 USA

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes



Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PESAVENTO, THOMAS V.

~~2393 SE DIXIE HWY~~

~~STUART FL 34996~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4189 SE KUBIN AVE

83

84 City

STUART

FL

85 Zip Code

34997

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 time of application

NOTE: Registered Agent signature required when transferring.

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	PESAVENTO, THOMAS V.
STREET ADDRESS	4189 SE KUBIN AVE.
CITY, ST, ZIP	STUART FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 (407) 286 6482