

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000051829

1. Entry Name  
TIP TOP CONTAINERS, INC.



Principal Place of Business  
660 W. KENNEDY BLVD.  
ORLANDO, FL 32810

Mailing Address  
POST OFFICE BOX 941959  
MAITLAND, FL 32794



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2689941

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WALLACE, WILLIAM J  
660 W. KENNEDY BLVD  
ORLANDO, FL 32810

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME WALLACE, WILLIAM J  
STREET ADDRESS 841 LAKE CATHERINE DRIVE  
CITY-ST-ZIP MAITLAND, FL 32751

TITLE VP  
NAME WALLACE, WILLIAM L  
STREET ADDRESS 660 W. KENNEDY BLVD  
CITY-ST-ZIP ORLANDO, FL 32810

TITLE VP  
NAME WILSON, JED R  
STREET ADDRESS 660 W. KENNEDY BLVD  
CITY-ST-ZIP ORLANDO, FL 32810

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000780020  
01/14/08-80005-014 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. J. Wallace  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2008  
Date

407-660-2212  
Daytime Phone