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PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 27 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300003521 (0)

TOP PUBLISHING INCORPORATION Principal Place of Business Mailing Address 13151 SE 127TH PeL PO BOX 1231 PO BOX 1231 **DUNNELLON FL 34430** DO NOT WRITE IN THIS SPACE **DUNNELLON FL 34431** 3. Date Incorporated or Qualified 01/15/1993 2. Principal Place of Business Applied For 2a. Mailing Address Same <u>Same</u> 65-0381885 Not Applicable DOU e Suite Apt # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes ∏ No Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name GROGAN-WENDOFF, L DIAN 13151 SE 127TH PL 82 Street Address (P.O. Box Number is Not Acceptable) **DUNNELLOMN FL 34431** 83 84 City Zip Code 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, Spoton 607.0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE Addition TITLE 1.1 TITLE GROGAN-WENDOFF, L DIAN 1.2 NAME 13151 SE 127TH PL STREET ADDRESS 1.3 STREET ADDRESS **DUNNELLON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Change WENDOFF, MARVIN NAME 2.2 NAME 13151 SE 127TH PL STREET ADDRESS 2.3 STREET ADDRESS **DUNNELLON FL** CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change ☐ Addition 3 1 TITLE TITLE NAME 32 NAME 3 3 STREET ADDRESS 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 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZW 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.