

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000036562 (4)

1. Corporation Name

TOP GUN TOUCHUP, INC.

Principal Place of Business

Mailing Address

6151 SAND PINES ESTATES BLVD
ORLANDO FL 32819

6151 SAND PINES ESTATES BLVD
ORLANDO FL 32819



3. Date Incorporated or Qualified

05/11/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

31 Suite, Apt #, etc.

32 City & State

33 Zip Country

34 Zip Country

35 Zip Country

36 Suite, Apt #, etc.

37 City & State

38 Zip Country

39 Zip Country

40 Zip Country

41 Suite, Apt #, etc.

42 City & State

43 Zip Country

44 Zip Country

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46 Suite, Apt #, etc.

47 City & State

48 Zip Country

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51 Suite, Apt #, etc.

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56 Suite, Apt #, etc.

57 City & State

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61 Suite, Apt #, etc.

62 City & State

63 Zip Country

64 Zip Country

65 Zip Country

66 Suite, Apt #, etc.

67 City & State

68 Zip Country

4. FEI Number

59-3246439

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

BAKER, WILLIAM A
6151 SAND PINES ESTATES BLVD
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY - ST - ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY - ST - ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.20 CITY - ST - ZIP

1.21 TITLE

1.22 NAME

1.23 STREET ADDRESS

1.24 CITY - ST - ZIP

1.25 TITLE

1.26 NAME

1.27 STREET ADDRESS

1.28 CITY - ST - ZIP

1.29 TITLE

1.30 NAME

1.31 STREET ADDRESS

1.32 CITY - ST - ZIP

1.33 TITLE

1.34 NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1.5 TITLE

1.6 NAME

1.7 STREET ADDRESS

1.8 CITY - ST - ZIP

1.9 TITLE

1.10 NAME

1.11 STREET ADDRESS

1.12 CITY - ST - ZIP

1.13 TITLE

1.14 NAME

1.15 STREET ADDRESS

1.16 CITY - ST - ZIP

1.17 TITLE

1.18 NAME

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1.19 STREET ADDRESS

1.16 CITY - ST - ZIP

1.17 TITLE

1.18 NAME

1.19 STREET ADDRESS

1.16 CITY - ST - ZIP

1.17 TITLE

1.18 NAME

SIGNATURE:

W A Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/96
407-354-0908

CR2E034 (3/96)