FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000053730 1. Corporation Name

Principal Place of Business

TOP DRAWER CONSTRUCTION, INC.

FILED
May 24, 1999 8:00 am
Secretary of State
05 04 1000 00017 011 ***150 00

05-24-1999 90017 011 ***150.00



7 BOX 923-C SETTLEMENT RD TALLAHASSEE FL 32308		RT 7 BOX 923-C OLD SETTLEMENT RD TALLAHASSEE FL 32308			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/12/1995			
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
i 26					59-3335363		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired		\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing Trust Fund Contribution	,	0 May Be d to Fees	
Zip	Country 25	Zip 29	Countr 30	у	This corporation owes the current year Interpretation Personal Property Tax.	☐ Yes	s X No	
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registered	Agent		
40 E	LUKED OFOROE		8	1 Name				
KOELLIKER, GEORGE RT 7 BOX 923-C OLD SETTLEMENT RD					fress (P.O. Box Number is Not Acceptable)			
	AHASSEE FL 32308		8	3				
IALL	ANASSEE FL 32300		8	4 City	FL	85 Zi	p Code	
12.	Signature, typed or printed name of registered	agent and title if applicable. (NOTE.	Registered Ag	ent signature requir	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIREC	TORS IN 12	
` I	D	☐ DELETE	1.1 TITLE			Chang	e Addition	
	KOELLIKER, GEORGE		1.2 NAME					
I ADDKLSS	RT 7 BOX 923-C OLD SETT	ILEMENT RD	1.3 STRE	ET ADDRESS				
··· ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-	ST-ZIP			·	
		DELETE	2.1 TITLE			Chang	je Addition	
			2.2 NAME	: \				
, i Audhu <u>. 5</u> 5			2.3 STRE	ET ADDRESS				
ST ZIP			2. 4 CITY			Chan	e Addition	
		☐ DELETE	3.1 TITLE			Chang	le 🗆 Vacinon	
-			3.2 NAME	ET ADDRESS				
OT 7D			3.4. CITY					
···-ST-ZIP		☐ DELETE	4.1 TITLE			Chang	ge Addition	
			4, 2 NAM	E				
TEL FALKURESS			4.3 STRE	ET ADDRESS				
ST-ZIP			4.4 CITY-	ST-ZIP			<u></u>	
}		☐ DELETE	51 TITLE	I		☐ Chang	ge Addition	
}			5.2 NAME	ET ADORESS				
· · · I AISHU 123			5.3 STRE 5.4 CITY					
ST · ZIP		DELETE	6.1 TITLE			[Chang	e Addition	
. [6.2 NAME			_ `		
··· F ADDRESS			6.3 STRE	ET ADDRESS				
ST. 7/P			6.4 CITY	ST-ZIP				

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.