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	**APPROVED AND FILED** 1996 AUG 30 PM 2: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P95000069576 (3)**

1. Corporation Name

ONTOP, INC.

Principal Place of Business	Mailing Address
377 4TH STREET ATLANTIC BEACH FL 32233	377 4TH STREET ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified **09/05/1995**	3a. Date of Last Report

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number **59-3346521**	Applied For Not Applicable
Suite, Apt #, etc 22	Suite, Apt #, etc 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TINGLE, PHILIP D 50 NORTH LAURA STREET SUITE 2800 JACKSONVILLE FL 32202	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 **600001942316** -09/09/96--01034--017 84 City ****375.00**PL **#**#975.00

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 signature required when reinstating) DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	TINGLE, PHILIP D		1 2 NAME	
STREET ADDRESS	377 4TH STREET		1 3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233		1 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	COOPER, DWIGHT		2 2 NAME	
STREET ADDRESS	2040 GREEN HERON POINT		2 3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		2 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME	CURRAN, JAMES		3 2 NAME	
STREET ADDRESS	150 HUSSON AVENUE, #30		3 3 STREET ADDRESS	
CITY-ST-ZIP	BANGOR ME 04401		3 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME	CANTALUPO, DONALD		4 2 NAME	
STREET ADDRESS	1663 BLUE HERON LANE		4 3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32225		4 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME	O'BRIEN, KELLY		5 2 NAME	
STREET ADDRESS	829 SOUTH 1ST STREET, 3C		5 3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		5 4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME	TINGLE, WILLIAM		6 2 NAME	
STREET ADDRESS	244 CEDAR PARK CIRCLE		6 3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34242		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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 14 if changed, or on an attachment with an address

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (3/96)