SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE; \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000073611

TOPLINE CONSTRUCTION SERVICES, INC.

FILED Sep 21, 1999 8:00 am Secretary of State

09-21-1999 90020 002 ***550.00



| Principal Place | e of Business | Mailing | Address | | | | 1 10311031 (10 1510) 011/1 00111 041(1 08/11 1 | #117 | 18 817 6 1 1184 | 9 1001 1 00 1 |
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| LORIDA FL 33857 LORIDA FL 33857 | | | | | | | | | | |
| | | | | | | | DO NOT WRITE IN THE | IIS SPACE | <u> </u> | |
| | | | | | | | 3. Date Incorporated or Qualified | | | |
| | | T | | | | | 09/21/1995 | | | |
| <u> </u> | lace of Business | | ing Address | | | | 4. FEI Number | \ | Applied | |
| 21 | # -1 | 26 | A-4-44 | | | | 65-0608782 | <u> </u> | | plicable |
| Suite, Apt. | #, etc. | ⊢ — | e, Apt. #, etc. | | | | 5. Certificate of Status Desired | | 75 Addit e Requir | |
| City & State | | 27 City | & State | | | | | | | |
| | • | 28 | & State | | | | 6. Election Campaign Financing Trust Fund Contribution | | . 00 May | |
| Zip | Country | Zip | | Cou | intry | | | Au | Jed to re | |
| _ · | 25 | 29 | | 30 | ittu y | | This corporation owes the current year Intangible Personal Property. | Yes | √ No |) |
| 24 | 9. Name and Address of Curre | | Agent | [30] | Γ. | | 10. Name and Address of New Register | | ¥ 140 | $\overline{}$ |
| | J. Hame and Address of Care | in Registered | Agent | | 81 | Name | 10. Haine and Address of New Register | o Agent | | |
| CLA | NR, JEFFREY R | | | | LĹ | | | | | |
| 148 | 11 ARBUCKLE CREEK RD | | | | 82 | Street A | ddress (P.O. Box Number is Not Acceptable) | | | |
| LOF | RIDA FL 33857 | | | | 83 | | | | _ | |
| | | | | | | | | | | 1 |
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6.4 CITY-ST-ZIP 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.

SIGNATURE:

GRADIURE REQUIRED

9-13.99

407.421.1682