FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1996		Secretary of State DIVISION OF CORPORATIONS				
DOCUMENT # 1. Corporation Name TOP BODIES, INC.	P9500009	5056 (4)				
Principal Place of Business	Ma	iling Address				
710 E ALTAMONTE DR SUITE 1007 ALTAMONTE SPRINGS FL 32701	710 E ALTAMONTE DR SUITE 1007 ALTAMONTE SPRINGS FL 32701					
Principal Place of Business 1 1	2a. 26	Mailing Address				



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Principal Place of	of Business	Mailing Address						
710 E ALTAMO	ONTE DR	710 E ALTAMO	NTE DR					
SUITE 1007 SUITE		SUITE 1007	DOINGS EL 90304					
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701				3. Date Incorporated or Qualified 3a. Date of Last Report 12/13/1995				
2. Principal Pla	na of Rusiness	2a. Mailing Addre	ess		4. FEI Number		A	pplied For
	DE OF Educations	26					XN	ot Applicable
Suite, Apt. #					5. Certificate of Status Desired See Required			
2								
City & State	ity & State City & State				6. Election Campaign Financing		-	May Be to Fees
23	28				Trust Fund Contribution 8. This corporation has liability for it			
Zip	Country	Zip	— <u> </u>	ıntry	Florida Statutes Yes	⊓No	inuer s	133.002,
24	25	29	30	1	10. Name and Address of New R		ent	
	9. Name and Address of Curre	ent Hagisterad Agent		81 Name		<u> </u>		
641146	DATENOU .			[(DO DO NI OLO IS NIA 1	lo)		
DALLAS, PATRICK			82 Street Addr	ess (P.O. Box Number is Not Acceptab	ю			
	_TAMONTE DR			83				
SUITE 10	JU/ NTE SPRINGS FL 32701						or 7:-	Code
ALIAMU	NIE OFNINGO FL OCIVI			84 City		FL	85 Zip	COOR
familiar wit	th, and accept the obligations of, Se	001001.0000, 110100	Clarotoo.	d Agent signature require	ation submits this statement of the point of directors. I hereby accept the application of directors are statement of the point of directors.	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF			Addition
TIFLE	D	☐ DEI	LETE 1. 1	TITLE		LJ	Change	☐ Addition
NAME	DALLAS, SHAPPRELL		1.2	NAME				
STHEET ADDRESS	710 E ALTAMONTE DR #10		1.3	STREET ADDRESS				
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			CITY-ST-ZIP			Charige	Addition
TITLE	D	☐ DE		TITLE			Onlings	[] \\ \tag{1.00}
NAME	DALLAS, PATRICK	^~~		NAME				
STREET ADDRESS	710 E ALTAMONTE DR #10			STREET ADDRESS				
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CITY-ST-ZIP		□ Di		1 TITLE		Ē.) Change	Addition
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NAME			■ 60	≥NAME I				
				NAME STREET ADDRESS				
STREET ADDRESS			6:	NAME STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

OFFICER OR DIRECTOR SIGNATURE;