

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN -2 PM 1:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000003634

1. Corporation Name

Top Hat Transportation, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 3920 Edgewater Drive

State, Apt. #, etc.

22 City & State

23 Orlando, FL

Zip

24 32804

Country

2a. Mailing Address

26 same

State, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

January 8, 1996

3a. Date of Last Report

4. FEI Number

59-3373348

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

10. Name and Address of New Registered Agent

81 Name

Patty Stokes

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

3920 Edgewater Drive

83

84 City

Orlando

FL

85 Zip Code

32804

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

Patty Stokes

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	<input type="checkbox"/> DELETE
2. STREET ADDRESS	
3. CITY, ST, ZIP	
4. NAME	<input type="checkbox"/> DELETE
5. STREET ADDRESS	
6. CITY, ST, ZIP	
7. NAME	<input type="checkbox"/> DELETE
8. STREET ADDRESS	
9. CITY, ST, ZIP	
10. NAME	<input type="checkbox"/> DELETE
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	<input type="checkbox"/> DELETE
14. STREET ADDRESS	
15. CITY, ST, ZIP	

1.1 TITLE	P/S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Patty Stokes	
1.3 STREET ADDRESS	3920 Edgewater Drive	
1.4 CITY-ST-ZIP	Orlando, FL 32804	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patty Stokes

5/28/97

407-291-9167

CR2E034 (9/96)