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FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000003984 (7)

1. Corporation Name

TOP DAWG CARPET CLEANING, INC.

Principal Place of Business  
1325 OLYMPIA PARK CIRCLE  
OCOE FL 34761

Mailing Address  
1325 OLYMPIA PARK CIRCLE  
OCOE FL 34761-2423



2. Principal Place of Business

21 1564 Lilly Oak Circle  
Suite, Apt. #, etc.

22 City & State  
Gotha, Florida

23 Zip Country  
34734 USA

2a. Mailing Address

26 P.O. Box 665  
Suite, Apt. #, etc.

27 City & State  
Gotha, Florida

28 Zip Country  
34734 USA

3. Date Incorporated or Qualified  
01/10/1996

3a. Date of Last Report

4. FEI Number

59-3431626

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

RINES, BRUCE W  
1325 OLYMPIA PARK CIRCLE  
OCOE FL 34761

10. Name and Address of New Registered Agent

81 Name Ben Rines  
82 Street Address (P.O. Box Number is Not Acceptable)  
1564 Lilly Oak Circle  
83  
84 City Gotha FL 85 Zip Code 34734

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: Ben A. Rines

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-97

12. OFFICERS AND DIRECTORS

TITLE PVST  
NAME RINES, BRUCE W  
STREET ADDRESS 1325 OLYMPIA PARK CIRCLE  
CITY-ST-ZIP OCOEE FL 34761 ☒ DELETE

TITLE D  
NAME RINES, BRUCE W  
STREET ADDRESS 1325 OLYMPIA PARK CIRCLE  
CITY-ST-ZIP OCOEE FL 34761 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVST ☒ Change ☐ Addition  
1.2 NAME Rines Ben A.  
1.3 STREET ADDRESS 1564 Lilly Oak Circle  
1.4 CITY-ST-ZIP Gotha, FL 34734

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME Rines Ben A.  
2.3 STREET ADDRESS 1564 Lilly Oak Circle  
2.4 CITY-ST-ZIP Gotha, FL 34734

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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: Ben A. Rines

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-97 407-877-9559

0466680

CR2E034 (9/96)