1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000032171**1. Corporation Name

TOP'S VACUUM CLEANERS OF SARASOTA, INC.

Mailing Address

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90055 032 ***158.75



2250 OKOBEE I SARASOTA FL		2250 OKOBEE DRIVE SARASOTA FL 34249			DO NOTAW	DITC IN TUIC	SDACE		
						3. Date Incorporated or Qualife	RITE IN THIS	SPACE	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
360	4 So. OSPREY AU	26				65-0668122		N	lot Applicable
Suite, Apt.		Suite, Apt. #, etc.	÷			5. Certifcate of Status Desired	- 2		Additional_ Required
City & State	ASOTA, FL	City & State				Election Campaign Financin Trust Fund Contribution	g 🗆		May Be I to Fees
Zip 24 342	Country	Zip 29 3	Count	try		This corporation owes the current Personal Property Tax.	ırrent year Inta	angible ☐ Yes	₽No
	9. Name and Address of Current I	Registered Agent				10. Name and Address of Nev	/ Registered /	Agent	
			18	B1	Name 7	ANDALL J. T.	ט דמה	41	
FULLER, WILLIAM J III					Street Addre	ss (P.O. Box Number is Not Acce	ptable)		
1530 CROSS STREET					コンユ		<u>رم.</u>	DR.	<u> </u>
SAR	ASOTA FL 34236		. 8	83					
						ARASOTA	FL	. 3	9239
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes	the abo	ove-r	named corpor	ration submits this statement for the	ne purpose of	changing it	s registered
office or re agent. I ar	egistered agent, or both, in the State of m familiar with, and accept the obligation	ns of, Section 607.0505, Florid	la Statut	es.	e corporation	is board of directors. Thereby acc			I
SIGNATURE	66 had	70-	<u> </u>				4-12	-55	
SIGNATURE	Signature, typed or printed name of registered again a		egistered A	gent s	signature required v				
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE	Р	☐ DELETE	1.1 TITL	E				Change	Addition
NAME	TOPJUN, RANDALL J.		1.2 NAM	4E					
STREET ADDRESS	2250 OKOBEE DRIVE		1.3 STRI	EETA	DDRESS				j
CITY-ST-ZIP	SARASOTA FL		1.4 CITY	/-ST-2	ZIP	•			
TITLE	☐ DELETE		2.1 TITLE					☐ Change	e 🔛 Addition
NAME			2.2 NAME						- 1
STREET ADDRESS			2.3 STR	EET A	DDRESS				
CITY-ST-ZIP	بالأستان المتصفرات سياحث	وللاهمية فمنت المطير يراف	2.°4 CIT	Y-ST-	ZIP -	The second of the second	* * *****	- 46 a	₹ ·]
TITLE		☐ DELETE	3.1 TITU		-			☐ Change	Addition
NAME .			3.2 NAM	Æ				•	
STREET ADDRESS			33 STR	FFT A	DDRESS				
			3.4. Cm						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITU		ZIF	- 		Change	Addition
		—	4. 2 NAN						
NAME	3:				DORESS	•			
STREET ADDRESS					1	,			
CITY-ST-ZIP		☐ DELETE	4.4 CITY 5.1 TITL		ZIP			☐ Change	Addition
TITLE		☐ OELETE	5.1 RILL						
NAME			1		DDRESS				
STREET ADDRESS			1					•	
CITY-ST-ZIP	- aleste 10	- Delete	5.4 CITY 6.1 TITL		the			☐ Change	e ☐ Addition
TITLE		☐ DELETE						□ change	
NAME .			6.2 NAM		PDDECO				1
STREET ADDRESS					DDRESS				
CITY-ST-ZIP	•		6.4 CITY	Y-\$T-2	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, with all other like empowered.