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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600036559 (8)

TOPPING WHITE, INC.

Principal Place of Business
2395 WINDSOR WAY COURT

Mailing Address

## FILED Mar 25 1998 8:00am Secretary of State



| 2395 WINDSOR WAY COURT<br>WELLINGTON FL 33414   |  |                                   | 2395 WINDSOR WAY COURT<br>WELLINGTON FL 33414    |  |   |                                   |                |  |
|---|--|-----------------------------------|--|--|---|-----------------------------------|----------------|--|
|   |  |                                   |  |  | DO NOT WRITE IN THIS  | SPACE                             |                |  |
|   |  |                                   |  |  | <ol> <li>Date Incorporated or Qualified</li> <li>04/23/1996</li> </ol>                                      |                                   |                |  |
|   | ace of Business                          | 2a. Mailing Address               | 2a. Mailing Address                              |  | 4, FEI Number   |                                   |                |  |
| 21  |  | 26                                |  |  | 65-0662910  |                                   | Applicable     |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. 27            | 27   |  | 5. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required |                |  |
| City & State  | 9  | City & State                      | <del>                                     </del> |  | Election Campaign Financing     Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees    |                |  |
| Zip<br>24   | Country<br>25                            | Ζφ<br>29                          | Coun   | try  | 8. This corporation owes or has paid the current year Intaggible Personal Property Tax due June 30.  Yes No |                                   |                |  |
| g. Name and Address of Current Registered Agent   |  |                                   |  | 10. Name and Address of New Registered Agent |   |                                   |                |  |
| WHITE, TRACEY T   |  |                                   |  | 81 Name                                      |   |                                   |                |  |
| 2395 WINDSOR WAY COURT  |  |                                   |  | 10 0 1 4                                     | (D.C. David and a Mark Assessment Mark  |                                   |                |  |
| WELLINGTON FL 33414   |  |                                   |  | Street Add                                   | dress (P.O. Box Number is Not Acceptable)   |                                   |                |  |
|   |  |                                   |  | 13   |   |                                   |                |  |
|   |  |                                   | 1  | 14 City                                      | FI  | 85 Zip Co                         | de             |  |
| 11. Pursuant t  | to the provisions of Sections 607.0      | 0502 and 607.1508, Florida Statut | es, the abo                                      | ove-named cor                                | rporation submits this statement for the purpose  | of changing its r                 | registered     |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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   |  |                                   |  |  |   |                                   |                |  |
| Signature, typed or printed name of registered agent and little if applicable (NOTE: Reg  |  |                                   |  | Agent signature requ                         | uired when reinstating) DATE  |                                   |                |  |
| 12.   | OFFICERS AND DIRECTORS 13 PTD DELETE 1.1 |                                   |  | <del></del>                                  | ADDITIONS/CHANGES TO OFFICERS AN  |                                   | IN 12 Addition |  |
| TITLE   | WHITE, TRACEY T                          |                                   | 1.1 TITL<br>1.2 NAN                              |  |   | Change 1                          | L Addition     |  |
| ACCUMUNOON WAY ON INT   |  |                                   |  | eet address                                  |   |                                   |                |  |
| STREET ADDRESS 2395 WINDSUR WAY COURT CITY-ST-ZIP WELLINGTON FL 33414   |  |                                   |  | -ST-ZIP                                      |   |                                   |                |  |
| TITLE   | DELETE                                   |                                   |  | £  |   | Change                            | Addition       |  |
| NAME  |  |                                   |  | 1E   |   |                                   | •              |  |
| STREET ADDRESS  |  |                                   | 2.3 STA  | EET ADDRESS                                  |   |                                   |                |  |
| CITY - ST - ZIP   |  |                                   |  | Y-ST-ZIP                                     | •   |                                   |                |  |
| TITLE   |  |                                   |  | E  |   | Change                            | Addition       |  |
| NAME  |  |                                   |  | IE ]   |   |                                   |                |  |
| STREET ADDRESS  |  |                                   | 3.3 STR  | EET ADDRESS                                  |   |                                   |                |  |
| CITY+ST-ZIP   |  |                                   |  | Y-ST-ZIP                                     | 11.00   |                                   |                |  |
| TITLE   | DELETE                                   |                                   |  | E  |   | ☐ Change                          | Addition       |  |
| NAME  |  |                                   | 4. 2 NA  | · ·  |   |                                   |                |  |
| STREET ADDRESS  |  |                                   |  | EET ADDRESS                                  |   |                                   |                |  |
| CITY-ST-ZIP   |  | Distr                             | 4.4 CIT  | /-ST-ZIP                                     | 4.  | ☐ Change                          | Addition       |  |
| TITLE   | DELETE                                   |                                   |  |  |   |                                   | AOUIIION       |  |
| NAME  |  |                                   | 5.2 NAN  | -  |   |                                   |                |  |
| STREET ADDRESS  |  |                                   |  | EET ADDRESS                                  |   | •                                 |                |  |
| CITY+ST-ZIP<br>TITLE  |  | DELETE                            | 5.4 CIT  | /-ST-ZIP                                     |   | Change                            | Addition       |  |
| NAME  |  | DELCT                             | 6.2 NAN  |  |   | C.ionigo                          |                |  |
| STREET ADDRESS  |  |                                   |  | EET ADDRESS                                  |   |                                   |                |  |
| CITY+ST-ZIP   |  |                                   |  | (-ST-ZIP                                     |   |                                   |                |  |
| O117-31-21F   |  |                                   | u.+ (/II   | - W1 - E11                                   |   |                                   |                |  |

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: TRACET TOPPING WHITE

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3/19/98 (56) 798-6127

CR2E034 (10/97)