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

PROFIT CORPORATION • ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS



97 JUN 25 AH 8: 23

DOCUMENT # P960000 87245 1. Corporation Name Top Gun Farm, The.			SECRETARY OF SYATE TALLAHASSEE, FLORIDA	
Top Gun Farm, Fue	.		(M.CAEIMOO)	ic, rlora <i>n</i>
Principal Place of Business	Mailing Address			
7849 SW 7326 STA	?#T			
OCALA, FL 34471				
			3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address	224. 1	4. FEI Number	Applied For
21 7 849 5W 73nb South Suite, Apt. #, etc.	PO BOX 770 Suite, Apt. #, etc.	80 d	39-3423720	Not Applicable \$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State OCA	A,FI.	Election Campaign Financing Truct Fund Contribution	\$5.00 May Be
24 34476 25 USA	29 34477-88023	Country MAEION	This corporation has liability for in Florida Statutes	tangible tax under s. 199.032. Yes No
9. Name and Address of Cur			10. Name and Address of New Reg	Istered Agent
Mann a C		81 Name		
MARGARET Mc FARLWD B2 Street Addi		ss (P.O. Box Number is Not Acceptable	9)	
78495W 7300 Sm	50 1	83		
DCALA, FL 3447		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.	0502 and 607.1508, Florida Statutes	, the above-named corpo	pration submits this statement for the pu	ropes of changing its registered
office or registered agent, or both, in the Stagent. I am familiar with, and accept the pt	tate of Florida. Such change was aut oligations of, Section 607.0505, Florid	horized by the corporations da Statutes.	on's board of directors. I hereby accept	the appointment as registered
SIGNATURE MASSAGE	nonland		6/20	3/97
Signature typed or profiled name of registered	agent and title it applicable (NOTE: F	Registered Agent signature require 13.	d when reinstating) ADDITIONS/CHANGES TO OFFICE	FRS AND DIRECTORS IN 12
TITLE PRESIDENT	DELETE	1.1 TITLE		Change Addition
NAME KEWKETH W. M	· CARLAND	1.2 NAME		and the same and an array array are an array are an array.
STREET ADDRESS 78495 3		1.3 STREET ADDRESS	ococysz	?~?603
CITY-ST-ZIP OCALA FL	30476	1.4 CITY - ST - ZIP	*****165	
TITLE V. PRES	☐ DELETÉ	21 TITLE	संस्कृत 1 €	- Corp. End. custings on Emily Adelition
NAME KATELOWN KOSS	-	2.2 NAME		
STREET ADDRESS 7853 5W 2314	SORVET	23 STREET ADDRESS		
CITY-ST-ZIP TITLE	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME ALACAMA	^	3 2 NAME		
WHE SHEET WELL	- ACLAND D	3 3 STREET ADDRESS		
	4(4)	3 4. CITY-ST-ZIP		
TIFLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET AODRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TIFLE	DELETE	5.1 TITLE		Change L Addition
NAME		5.2 NAME	A	_
STREET ADDRESS		5.3 STREET ADDRESS	(). ala	
CITY-S1-ZIP	DELETE	5.4 C(1)Y-S1-Z(P	U. ain	. Change Addition
TITLE	LJ VELETE	6.1 TITLE 6.2 NAME		- Lasingo Li rusinon
NAME CVARET ADDRESS		6.3 STREET ADDRESS	(02	5 191
STREET ADDRESS		6.4 CITY - ST-ZIP	9/2	- / ['
14 I do berefy certify that the information sup	plied with this filing does not qualify		in Section 119 07(3)(i), Florida Statutes	. I further certify that the

I do nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(1). Florida Statutes - 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 13 if changed, or on an attachment with an address.

SIGNATURE: Kennettw