

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90032 050 ***150.00

DOCUMENT # P96000092723

1. Corporation Name
TOPSY TEES, INC.

Principal Place of Business
451 ALTAMONTE AVE.
SPACE C12
ALTAMONTE SPRINGS FL 32701
US

Mailing Address
578 ORANGE DR
#89
ALTAMONTE SPRINGS FL 32701
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/13/1996

4. FEI Number
65-0716006

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☒ No

2. Principal Place of Business

21 4354 CLOVERLEAF PL.
Suite, Apt. #, etc.

2a. Mailing Address

26 4354 CLOVERLEAF PL.
Suite, Apt. #, etc.

23 CASSELBERRY, FL.
City & State

28 CASSELBERRY, FL.
City & State

24 32707 25 SEMINOLE
Zip Country

29 32707 30 SEMINOLE
Zip Country

9. Name and Address of Current Registered Agent

BYRD, TRACY M
578 ORANGE DR
#89
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name BYRD, SANDRA S.
82 Street Address (P.O. Box Number is Not Acceptable)
4354 CLOVERLEAF PL.
83
84 City CASSELBERRY FL 85 Zip Code 32707

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

Sandra S. Byrd

(NOTE: Registered Agent signature required when reinstating)

DATE

11/31/99

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|---------------|-------------------|----------------------------|-------------------------------------|
| D | BYRD, TRACY M | 578 ORANGE DR #89 | ALTAMONTE SPRINGS FL 32701 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|---------------|---------------------|----------------------|-------------------------------------|--------------------------|
| P | BYRD SANDRA S | 4354 CLOVERLEAF PL. | CASSELBERRY FL 32707 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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.

SIGNATURE:

Sandra S. Byrd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/1999
Date

407 696 2455
Daytime Phone #

CR2E034 (11/98)