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

Marillan Addans

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000013281 1. Corporation Name

TOP GUN CARPET SERVICE, INC.

Principal Place	e of Business	Maining Address			
5810 LAKE GEORGE PL LAKE WORTH FL 33463 US		5810 LAKE GEORGE PL LAKE WORTH FL 33463 US			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					02/10/1997
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21					65-0733909 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired \$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 28 28			Zip Country		
Zip	Country		30		8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	25	17-1	<u>) </u>		10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent	81	Nam	
DE I	ARRY COLETTE O		"	Hair	
DE LABRY, COLETTE O 250 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33840			82	Stre	reet Address (P.O. Box Number is Not Acceptable)
			83		
			63		
			84	City	ity 85 Zip Code
			,		med corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. I a SIGNATURE	m familiar with, and accept the obligation Signature, typed or printed name of registered agent	ons of, Section 607.0505, Florida	a Statutes	.	sature required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME:	NORTHRUP, ROSA M.		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		RESS
CITY-ST-ZIP LAKE WORTH FL 33463			1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	NÒRTHRUP, PHILIP E		2.2 NAME		
STREET ADDRESS			2.3 STREE	T ADDRE	RESS
CITY-ST-ZIP	LAKE WORTH FL 33463		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		RESS
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE			4,1 TITLE		Change Addition
NAME 4.3		4.2 NAME			
STREET ADDRESS " 4.3:		4.3 STREET ADDRESS		RESS	
CITY-ST-ZIP	ITY-ST-ZIP 4.4		4.4 CITY-5	T-ZIP	
TITLE			5.1 TITLE	_	☐ Change ☐ Addition
NAME			5.2 NAME		

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TTLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

561-965-1669

Change

Addition

11.55

= 407

May 06, 1999 8:00 am Secretary of State

05-06-1999 90208 007 ***150.00

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CR2E034 (11/98)