2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

FILED
May 23, 2003 8:00 am
Secretary of State
03-06-2003 90140 021 ****35.00
05-23-2003 90149 015 ***115.00

DOCUMENT # P97000055125

1. Entity Name
TOP GRAFIX INC.

Principal Place of Business	Mailing Address
1325 BEVILLE RD.	1325 BEVILLE RD.
DAYTONA BEACH FL 32119	DAYTONA BEACH FL 32119
US	US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3460184 App / Not

5. Certificate of Status Desired ☐ $8.75 Addit Fee Required

6. Name and Address of Current Registered Agent

~~WINCHESTER, HENRY C JR~~
~~1325 BEVILLE RD.~~
~~SOUTH DAYTONA FL 32119~~

7. Name and Address of New Registered Agent

Name DALE J. ABBOTT CPA
Street Address (P.O. Box Number is Not Acceptable) 555 W. GRANADA BLVD
SUITE E-9
City ORMOND BEACH FL Zip Code 32

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, a the obligations of registered agent.

SIGNATURE [signature] 1/31/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 Added

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WINCHESTER, HENRY C JR 1325 BEVILLE RD. SOUTH DAYTONA FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS	☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NEGRO, BRUCE 1325 BEVILLE RD. SOUTH DAYTONA FL 32119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change

12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office 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 10 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/31/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #