

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000101253 (7)

1. Corporation Name:

TOP SHELF SPORTS WEAR, INC.

Principal Place of Business:

813 GOLFAIR BLVD. STE. B65
JACKSONVILLE FL 32209

Mailing Address:

813 GOLFAIR BLVD. STE. B65
JACKSONVILLE FL 32209

2. Principal Place of Business:

21 813 GOLFAIR BLVD

State, Apt #, etc

22 53

City & State

23 JACKSONVILLE FLORIDA

24 32209 25 USA

2a. Mailing Address:

26 813 GOLFAIR BLVD

State, Apt #, etc

27 53

City & State

28 JACKSONVILLE FLORIDA

29 32209 30 USA

9. Name and Address of Current Registered Agent

MCDONALD, KEITH
813 GOLFAIR BLVD. STE. B65
JACKSONVILLE FL 32209

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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

Signature of person making change or new registered agent

(PRINT) Name of Agent to be added or removed (if any)

DATE

12. OFFICERS AND DIRECTORS

TITLE P

NAME MCDONALD, KEITH

STREET ADDRESS 813 GOLFAIR BLVD. STE. B65

CITY/STATE/ZIP JACKSONVILLE FL 32209

TITLE V

NAME MCDONALD, KENNY

STREET ADDRESS 813 GOLFAIR BLVD. STE. B65

CITY/STATE/ZIP JACKSONVILLE FL 32209

TITLE

NAME

STREET ADDRESS

CITY/STATE/ZIP

TITLE

NAME

STREET ADDRESS

CITY/STATE/ZIP

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CITY/STATE/ZIP

TITLE

NAME

STREET ADDRESS

CITY/STATE/ZIP

TITLE

NAME

STREET ADDRESS

CITY/STATE/ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE [] Change [] Addition

13.2 NAME [] Change [] Addition

13.3 STREET ADDRESS [] Change [] Addition

13.4 CITY/STATE/ZIP [] Change [] Addition

13.5 TITLE [] Change [] Addition

13.6 NAME [] Change [] Addition

13.7 STREET ADDRESS [] Change [] Addition

13.8 CITY/STATE/ZIP [] Change [] Addition

13.9 TITLE [] Change [] Addition

13.10 NAME [] Change [] Addition

13.11 STREET ADDRESS [] Change [] Addition

13.12 CITY/STATE/ZIP [] Change [] Addition

13.13 TITLE [] Change [] Addition

13.14 NAME [] Change [] Addition

13.15 STREET ADDRESS [] Change [] Addition

13.16 CITY/STATE/ZIP [] Change [] Addition

13.17 TITLE [] Change [] Addition

13.18 NAME [] Change [] Addition

13.19 STREET ADDRESS [] Change [] Addition

13.20 CITY/STATE/ZIP [] Change [] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 person or persons 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: Keith McDonald

30 Sept 98

904-764-0307

FILED
Oct 08 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1997

4. FEI Number

59-3522714

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fee

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

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20
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C-222222