PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P97000104953

1. Corporation Name

DEEIA M. TOPP INTERIORS INC.

FILED Feb 23, 1999 8:00 am : Secretary of State

02-23-1999 90083 004 ***150.00

					1:	I SERNICEN KE SERN SEEN BERN BERN BENN FRIGI KRIN BERN ERER ERER EN BE SAN HER	
Principal Place of Business Mailing Address						i ifit i it	
TELL TOOLS IN THE STATE OF THE		4271 WOODVIEW DR SARASOTA FL 34232			{	DO NOT WRITE IN THIS SPACE	
					<u>-</u>	3. Date Incorporated or Qualifed	
	•					12/12/1997	
Principal Place of Business Za. Mailing Address						4. FEI Number Applied For	
21	7				{	APPLIED FOR 65-0812234 Not Applicable	
		Suite, Apt. #, etc.	uite, Apt. #, etc.			- \$8.75 Additional	
22	-n				} '	5. Certificate of Status Desired Fee Required	
	City & State City & State					6. Election Campaign Financing \$5.00 May Be	
23	28					Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	У	} :	8. This corporation owes the current year Intangible	
24	25	29 3	10			Personal Property Tax.	
Name and Address of Current Registered Agent						0. Name and Address of New Registered Agent	
	ODADINO IOININ		8	1 Name		}	
SPARLING, JOHN W			82 Street Addre		Address	(P.O. Box Number is Not Acceptable)	
4271 WOODVIEW DR							
f	Sarasota FL 34232		8	3		•	
-			8	4 City		85 Zip Code	
· •						FL " P and a	
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 register 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 Statutés.							
SIGNATURE Signature typed or printed name of rapistered agent and title if applicable. (NOTE: Registered Agen					required who	en reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F 12. OFFICERS AND DIRECTORS			13.	ent agriatise	Tequipo Win	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		PT DELETE 1117			T	Change Addition	
NAME	DEFIA M TOPP		1.2 NAMI		DEE	IA MITOPP	
STREET ADI	4074 14/0001/1514/ 00		1.3 STRE	ET ADDRESS	} -		
CITY-ST-ZIF	CAPACOTA EL CACOO		1.4 CITY	ST-ZIP	{		
TITLE	VS	☐ DELETE	2.1 TITLE		1	☐ Change ☐ Addition	
NAME	JOHN W SPARLING		2.2 NAM		1		
STREET ADO	4074 (4(000) (E)4(DD		2.3 STRE	ET ADDRESS	:]		
CITY-ST-ZIF	04040074 51 04000		2. 4 CITY	-ST-ZIP	-	:	
TITLE		DELETE	3.1 TITLE		 	: Change Addition	
NAME	}		3.2 NAM	<u> </u>			
STREET ADD	DRE\$S		3.3 STRE	ET ADDRESS	;		
CITY-ST-ZIF			3.4. CITY	ST-ZIP	<u> </u>		
TITLE		☐ DELETE	4.1 TITLE		}	☐ Change ☐ Addition	
			4.2 NAM	E	}		
- HEET ADD	DRESS		4.3 STRE	ETADDRESS	;}		
ST-ZI			4.4 CITY	ST-ZIP	<u> </u>		
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_	1		5,2 NAM	Ē	}		
··; add	DRESS		, 5.3 STR	ET ADDRESS	·		
ST-ZW	,		5.4 CITY				
_		☐ DELETE	6.1 TITLE		{	☐ Change ☐ Addition	
	1		6.2 NAM	Ē	{	`	
T ADI	DRESS		6.3 STRE	ETADDRESS	;}		
ST-ZI			6.4 CITY	ST-ZIP	<u> </u>		

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 13 if changed, or on an attachment with an address, with all other like empowered.