09011999-90010-031-$550.00-$550.00

99.

AMOUNT DUE ON OR BEFORE 05/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 OCT -5 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000067312

1. Corporation Name
TOP CALL TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
19146 HUCKAVALLE RD ODESSA FL 33556	19146 HUCKAVALLE RD ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1998

59-3525613 — 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 Fees

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

2. Principal Place of Business
21: 12714 Tyler Run Ave
22: Suite, Apt. #, etc.
23: City & State: Odessa, Fl
24: Zip: 33556
25: County: Hillsborough

2a. Mailing Address
26: 12714 Tyler Run Ave
27: Suite, Apt. #, etc.
28: City & State: Odessa, Fl
29: Zip: 33556
30: County: Hillsborough

9. Name and Address of Current Registered Agent

ANDERTON, MACK D
19146 HUCKAVALLE RD
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 12714 Tyler Run Ave
83
84 City: Odessa FL 85 Zip Code: 33556

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ANDERTON, PATRICIA		1.2 NAME		
STREET ADDRESS	19146 HUCKAVALLE RD		1.3 STREET ADDRESS	12714 Tyler Run Ave	
CITY-ST-ZIP	ODESSA FL 33556		1.4 CITY-ST-ZIP	Odessa, Fl 33556	
TITLE	PST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ANDERTON, MACK		2.2 NAME		
STREET ADDRESS	19146 HUCKAVALLE RD		2.3 STREET ADDRESS	12714 Tyler Run Ave	
CITY-ST-ZIP	ODESSA FL 33556		2.4 CITY-ST-ZIP	Odessa Fl 33556	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

TS

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.

SIGNATURE: Patricia A Anderton — 8/11/99 — 813-792-8171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)