FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 13 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S50383** **(6)**

1. Corporation Name
TOPLINE ASSOCIATES, INC.

Principal Place of Business
~~934 N MAGNOLIA AVE SUITE 300 ORLANDO FL 32803~~

Mailing Address
~~934 N MAGNOLIA AVE SUITE 300 ORLANDO FL 32803~~
407 WEKIVA SPRINGS RD. STE. 213
LONGWOOD FL. 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1991
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 407 WEKIVA SPRINGS RD
22 Suite, Apt. #, etc.: 213
23 City & State: LONGWOOD FL
24 Zip: 32779
25 County: USA

2a. Mailing Address
26: 407 WEKIVA SPRINGS RD.
27 Suite, Apt. #, etc.: 213
28 City & State: LONGWOOD FL
29 Zip: 32779
30 County: U.S.A.

4. FEI Number: 59-3070679 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~COLE, GLENN~~
~~934 N. MAGNOLIA AVENUE, STE. 300~~
~~ORLANDO FL 32803~~

10. Name and Address of New Registered Agent

81 Name: WELDON WRIGHT
82 Street Address (P.O. Box Number is Not Acceptable): 3525 LAKE JOYCE DRIVE
83
84 City: LAND O LAKES FL 85 Zip Code: 34639

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: Weldon Wright
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, WELDON	12 NAME	
STREET ADDRESS	934 N MAGNOLIA AVE	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	COLE, GLEN	22 NAME	
STREET ADDRESS	934 N MAGNOLIA AVE	23 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	100001456711
STREET ADDRESS		43 STREET ADDRESS	-04/14/95--01057--007
CITY ST ZIP		44 CITY ST ZIP	****200.00 ****200.00
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	LW 4-13-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Weldon Wright 3-8-95 813-996-6637
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
WELDON WRIGHT

CP