

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S50383 (6)

1. Corporation Name

TOPLINE ASSOCIATES, INC.

Principal Place of Business

Mailing Address

407 WEKIVA SPRINGS RD.
SUITE 213
LONGWOOD FL 32779

407 WEKIVA SPRINGS RD.
SUITE 213
LONGWOOD FL 32779



2. Principal Place of Business

2a. Mailing Address

21 3525 Lake Joyce Dr.

26 P.O. Box 627

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State
23 Land O' Lakes FL

27 City & State
28 Land O' Lakes FL

24 Zip 34639 25 Country Pasco

29 Zip 34639 30 Country Pasco

9. Name and Address of Current Registered Agent

WRIGHT, WELDON
3525 LAKE JOYCE DRIVE
LAND O LAKES FL 34639

3. Date Incorporated or Qualified

05/07/1991

3a. Date of Last Report

04/13/1995

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

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WRIGHT, WELDON
STREET ADDRESS 834 N MAGNOLIA AVE
CITY-ST-ZIP ORLANDO FL

TITLE STD
NAME COLE, GLEN
STREET ADDRESS 834 N MAGNOLIA AVE
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME Weldon Wright
13 STREET ADDRESS P.O. Box 627
14 CITY-ST-ZIP Land O' Lakes, FL 34639

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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)(k), 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 617, 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 Weldon Wright 6/20/96 813-996-6637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)