Applied For

Zip Code

85

Not Applicable

May 03, 1999 8:00 am Secretary of State

05-03-1999 90022 036 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/01/1992 4. FEI Number

65-0341255

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **V56637**

1. Corporation Name

23

24

Zip

TOP DOG AND SON, INC.

Principal Place of Business	Mailing Address
95 BILBAO STREET OYAL PALM BEACH FL 33411	185 BILBAO STREET ROYAL PALM BEACH FL 33411

Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes the current year Intangible 30 Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81

DEATON, RANDY Street Address (P.O. Box Number is Not Acceptable) 82 185 BILBAO STREET **ROYAL PALM BEACH FL 33411** 83 City 84

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					
		Registered Agent signature requir			56.111.40
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME	DEATON, RANDY	1.2 NAME	~		
STREET ADDRESS	185 BILBAO STREET	1.3 STREET ADDRESS		•	
CITY-ST-ZIP	R. PALM BEACH FL	1.4 CITY-ST-ZIP			
TITLE	☐ DELETE	2.1 TITLE	•	☐ Change	Addition
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS			
CITY-ST-ZIP		2. 4 CITY-ST-ZIP			
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	<u> </u>	5.4 CITY-ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME		6.2 NAME	•	,	
STREET ADDRESS		6.3 STREET ADDRESS			
		64 CITY ST. ZIP			

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, with all other like empowered.

SIGNATURE:

