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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:15

DOCUMENT # 716980 (8)

1. Corporation Name
APOLLO MOTORCYCLE CLUB, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1040 PLACID DR., MELBOURNE, FL., 32935 POST OFFICE BOX 352 TITUSVILLE FL 32781	1040 PLACID DR., MELBOURNE, FL., 32935 POST OFFICE BOX 352 TITUSVILLE FL 32781

3. Date Incorporated or Qualified: 08/11/1969
3a. Date of Last Report: 02/08/1994
4. FEI Number: 23-7111764 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 TITUSVILLE, FL.	26 TITUSVILLE, FL.
Suite, Apt. #, etc. 22 Box 352	Suite, Apt. #, etc. 27 Box 352
City & State 23 TITUSVILLE, FL	City & State 28 TITUSVILLE, FL.
Zip / Country 24 32780 / 25 USA	Zip / Country 29 32781 / 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRADEN, R.K. 1040 PLACID DR. MELBOURNE FL 32935	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 _____ 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	VD	11 TITLE		☐ Change ☐ Addition
NAME	DALEY, LEE D	12 NAME		
STREET ADDRESS	636 PEACHTREE STR	13 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL	14 CITY-ST-ZIP		
TITLE	P	21 TITLE	P-D	☑ Change ☐ Addition
NAME	UNDERWOOD, CRAIG	22 NAME	RICHARD K. WEBBER	
STREET ADDRESS	3865 CANTON ST.	23 STREET ADDRESS	4505 ELLIOT AVE.	
CITY-ST-ZIP	COCOA FL	24 CITY-ST-ZIP	TITUSVILLE, FL., 32780	
TITLE	S	31 TITLE	S-D	☑ Change ☐ Addition
NAME	THOMPSON, EDWARD	32 NAME	KEITH RAKE	
STREET ADDRESS	20 E TOWNE PL	33 STREET ADDRESS	2255 WINDSOR DR	
CITY-ST-ZIP	TITUSVILLE FL	34 CITY-ST-ZIP	MERRITT ISLAND, FL., 32952	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	MALLOY, PAUL	42 NAME		
STREET ADDRESS	3700 CARTER RD.	43 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	44 CITY-ST-ZIP		
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		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard K. Webber 7 FEB 1995 (407) 267-6263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD K. WEBBER

0032610