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Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716980 (8)

1. Corporation Name

APOLLO MOTORCYCLE CLUB, INC.

Principal Place of Business

Mailing Address

P O BOX 352
POST OFFICE BOX 352
TITUSVILLE FL 32781
USP O BOX 352
POST OFFICE BOX 352
TITUSVILLE FL 32781-0352
US3. Date Incorporated or Qualified
08/11/19693a. Date of Last Report
07/25/19964. FEI Number
23-7111764Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 VD ☒ DELETE
NAME DALEY, LEE D
STREET ADDRESS 636 PEACHTREE STR
CITY - ST - ZIP COCOA FLTITLE PD ☒ DELETE
NAME WEBBER, RICHARD K
STREET ADDRESS 4505 ELLIOT AVE
CITY - ST - ZIP TITUSVILLE FLTITLE SD ☒ DELETE
NAME WHEELER, MIKE
STREET ADDRESS 649 ALTURA DRIVE
CITY - ST - ZIP PORT ST. JOHN FLTITLE TD ☒ DELETE
NAME MALLOY, PAUL
STREET ADDRESS 3700 CARTER RD.
CITY - ST - ZIP TITUSVILLE FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME McLeod, Michael T. PD
1.3 STREET ADDRESS 204 Garnet Avenue
1.4 CITY - ST - ZIP Titusville FL 327962.1 TITLE Vice President ☒ Change ☐ Addition
2.2 NAME Wheeler, Mike VD
2.3 STREET ADDRESS 649 Altura Drive
2.4 CITY - ST - ZIP Port St. John FL3.1 TITLE Secretary ☒ Change ☐ Addition
3.2 NAME McLeod, Susan L. JD
3.3 STREET ADDRESS 204 Garnet Avenue
3.4 CITY - ST - ZIP Titusville FL 327964.1 TITLE Treasurer ☒ Change ☐ Addition
4.2 NAME Malloy, Paul TD
4.3 STREET ADDRESS 3700 Carter Road
4.4 CITY - ST - ZIP Titusville FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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

SIGNATURE:

Susan L. McLeod Susan L. McLeod 2/5/97 (407) 867-8782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0018133

CR2E037 (9/96)