

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90016 006 ****61.25

DOCUMENT # 716980

1. Corporation Name

APOLLO MOTORCYCLE CLUB, INC.

Principal Place of Business

P O BOX 352
POST OFFICE BOX 352
TITUSVILLE FL 32781
US

Mailing Address

P O BOX 352
POST OFFICE BOX 352
TITUSVILLE FL 32781
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/11/1969

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

9. Name and Address of Current Registered Agent

BRADEN, R.K.
1040 PLACID DR.
MELBOURNE FL 32935

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 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

TITLE **PD** ☒ DELETE
NAME **MCLEAD, MICHAEL T.**
STREET ADDRESS **204 GARNET AVE.**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **VP** ☒ DELETE
NAME **WHEELER, MIKE**
STREET ADDRESS **649 ALTURA DRIVE**
CITY-ST-ZIP **PORT ST. JOHN FL**

TITLE **SD** ☐ DELETE
NAME **GRAZIANO, DANIEL K**
STREET ADDRESS **4545 TINA ST BOX 8659**
CITY-ST-ZIP **PT SAINT JOHN FL 32924**

TITLE **T** ☐ DELETE
NAME **MALLOY, PAUL**
STREET ADDRESS **3700 CARTER ROAD**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **DANIEL M. KUNE**
1.3 STREET ADDRESS **120 ADAMS AVE.**
1.4 CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

2.1 TITLE **VP** ☐ Change ☒ Addition
2.2 NAME **STEVE BILLOS**
2.3 STREET ADDRESS **7645 TURKEY PT. DR.**
2.4 CITY-ST-ZIP **TITUSVILLE FL 32780**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 617, 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:

Paul Malloy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-99 (407)889-6987

CR2E037 (1/98)