

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

1997 AUG 20 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997	FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P930000009880**

1. Corporation Name

Apex Financial Group, Inc.
dba Apex Mortgage

Principal Place of Business

Mailing Address

2020 W. Brandon Blvd. Suite 140
Brandon FL 33511

3. Date Incorporated or Qualified

6/91

3a. Date of Last Report

'96

2. Principal Place of Business

2a. Mailing Address

21 **above**26 **above**

4. FFI Number

59-3171223

Applied

Not App

5. Certificate of Status Desired

\$8.75 Additl
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May 1
Added to Fee8. This corporation has liability for intangible tax under s. 199.1
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Trybus Woodward P.A.
Tony Woodward
701 W. Bay St.
Tampa, FL 33606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

700002273807-9

84 City

***558.75 ***FL 55.75 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 of Registered Agent (required when registering)

(NOTE: Registered Agent signature required when registering)

DATE

8/18/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE	President	☐ DELETE
NAME	Ray F. Williams	
STREET ADDRESS	5331 Twin Creeks Dr	
CITY, ST, ZIP	Valrico, FL 33594	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

1.1 TITLE	☐ Change ☐ A
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ A
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ A
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ A
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ A
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ A
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)(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 I made under oath. 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 or changed, or an attachment with an address.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/97
8/20/97