## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

125426 **DOCUMENT #** 

(7)

APPLEY -J W- AND SON INCORPORATED

Principal Place of Business	Mai'ing Address
13215 38TH ST N	13215 38TH ST N CLEARWATER EL 34622



CLEARWATER FL 34622		CLEARWATER FL 34622									
						3.	Date Incorporated or Qualified 10/31/1931	3a. Date	of Last		
2. Principal Pla 21	ce of Business	Business 2a. Mailing Address 26				4	. FEI Number <b>59-0145430</b>	.,		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.	, Certificate of Status Desired			75 Additional e Required	
City & State		City & State	<del></del>			6.	Flection Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees	
Zip	Country	Zip	<b>30</b>	Country			. This corporation has liability for i Florida Statutes X Yes				
24	9. Name and Address of Curre	29	1301				Name and Address of New R		Agent		
	g. Name and Address of Curre	in Hogistereo Agent		81	Name		<u></u>	· · · · · · · · · · · · · · · · · · ·			
ADDIEV	IOURI F										
APPLEY, JOHN E 13215 38TH ST N			82		Street Addre	dress (P.O. Box Number is Not Acceptable)					
	/ATER FL 33520		•	83							
			•	84	City			FL	85	Zip Code	
SIGNATURE _	ed agent, or both, in the State of Flor h, and accept the obligations of, Sec Signature, typed or printed name of registered age	t and title Lappicable (NO	III: Registeree		it sägnat vir regunen		reinstating)	DATE			
12.		ID DIRECTORS	13.		·····		ADDITIONS/CHANGES TO OFF				
TITLE	P	□ DELETE	1, 1 11	TLE.				į.	Chang	ge	
NAME	APPLEY, JOHN E.		1.2 NA	ME							
STREET ADDRESS	13215 38TH ST.N.		1.3 \$1	REET	ADDRESS						
CITY-S1-ZIP	CLEARWATER FL		1.4 CI		ST - ZIP						
TITLE	\$	☐ DELE16	2 1 TI					L	Chang	e 🗍 Addition	
NAME	APPLEY BETTY A		2.2 NAME								
STREET ADOPESS	13215 38TH ST.N.			2 3 STREET ADDRESS							
CITY-ST-ZIP	CLEARWATER FL	☐ DELETE		2 4 CITY - ST - ZIP				г	Chang	ne [ ] Addition	
TITLE				3 1 1/TLF 3 2 NAME						J	
NAME					I ADDRESS						
STREET ADDRESS											
CITY+SI+ZIP TITLE		DELETE	3 4 CITY 4 1 TiTS		)1·2 F			Г	Chang	je Addition	
NAME		<b>_</b>	4.2 NA						_		
STREET ADORESS			4.3 \$1	REE 1	ADDRESS						
CITY-ST-ZIP			4.4 CI	1Y-S	37-7/P						
TITLE		DELETE	5 1 TI					]	Chang	ge 🔲 Addition	
NAME			5.2 N/	\ME							
STREET ADDRESS			5381	HEEF	ADURESS						
CITY-ST-ZIP			5 <b>4</b> Cl	1Y - S	ST-712						
THTLE		☐ DELETE	6 1 1	11LF			· · · · · · · · · · · · · · · · · · ·	ĺ	Chan	ge 🔲 Addition	
NAME			62 N/	ME							
STREET ADDRESS			6381	HEE!	ADDRESS					!	
CITY-ST-ZIP			6.4 Ct	TY - S	51 - ZIP						
14. I do hereby	y certify that the information supplied	with this filing is voluntarily furn	ished and	doe	s not qualify fo	or the	exemption stated in Section 119.	07(3)(k). Ek	rida Sta	itutes. I further	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quarry for the exemption stated in Section 1.19.07(3)(9). His discussion of 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 eath, 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 of an attachment with an address.

SIGNATURE: SIGNATURE AND THEO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

3/5/96 572-4910 Chips of France