

FILED
Apr 16, 2000 8:00 am
Secretary of State

01-13-2000 90026 029 ***150.00

DOCUMENT # 125420

1. Entity Name
J.W. APPELY AND SON INCORPORATED

Principal Place of Business: 13215 38TH ST N, CLEARWATER FL 33762 US
 Mailing Address: 13215 38TH ST N, CLEARWATER FL 33762-4229 US

2. Principal Place of Business: [Blank]
 3. Mailing Address: [Blank]

Suite, Apt. #, etc.: [Blank]

City & State: [Blank]

Zip: [Blank] Country: [Blank]

4. FEI Number: **59-0145430**
 Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
APPELY, JOHN E
13215 38TH ST N
CLEARWATER FL 33520

7. Name and Address of New Registered Agent:
 Name: [Blank]
 Street Address (P.O. Box Number is Not Acceptable): [Blank]
 City: [Blank] FL Zip Code: [Blank]



DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P APPELY, JOHN E. 13215 38TH ST.N. CLEARWATER FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *[Signature]* **2/17/2000 727 572 4910**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #