

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

FILED

Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 333039 (6)			
1. Corporation Name APELGREN CORPORATION			
Principal Place of Business 800 MCCLURE ROAD P.O. BOX 200 PAHOKEE FL 33476-9360		Mailing Address 800 MCCLURE ROAD P.O. BOX 200 PAHOKEE FL 33476-0200	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified 07/26/1968			
3a. Date of Last Report 05/01/1996			
4. FEI Number 59-1216859			
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			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
APELGREN, ROBERT D 800 MCCLURE ROAD PAHOKEE FL 33476		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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	☐ DELETE	
NAME	APELGREN, ROBERT D		
STREET ADDRESS	800 MCCLURE ROAD		
CITY - ST - ZIP	PAHOKEE FL		
TITLE	VD	☐ DELETE	
NAME	APELGREN, VIRGINIA M		
STREET ADDRESS	800 MCCLURE ROAD		
CITY - ST - ZIP	PAHOKEE FL		
TITLE	SD	☐ DELETE	
NAME	SODDERS, MARK		
STREET ADDRESS	800 MCCLURE RD.		
CITY - ST - ZIP	PAHOKEE FL		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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		☐ Change ☐ Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		☐ Change ☐ Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.			
SIGNATURE 		ROBERT D. APELGREN	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3-19-97 Daytime Phone # 561-924-7805	

CR2E034 (9/96)