

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000006641 (4)**

1. Corporation Name
AMERICAN PROMOTIONAL EVENTS, INC.

Principal Place of Business

**4511 HELTON DRIVE
FLORENCE AL 35630
US**

Mailing Address

**PO BOX 1426
FLORENCE AL 35631-1426
US**

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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 **ANDERSON, TERRY C**
STREET ADDRESS **HELTON DRIVE @ RASCH ROAD**
CITY- ST- ZIP **FLORENCE AL**

TITLE **D** ☐ DELETE
NAME **ANDERSON, HAROLD M**
STREET ADDRESS **HELTON DRIVE @ RASCH ROAD**
CITY- ST- ZIP **FLORENCE AL**

TITLE **VD** ☐ DELETE
NAME **DROPO, W J**
STREET ADDRESS **HELTON DRIVE @ RASCH ROAD**
CITY- ST- ZIP **FLORENCE AL**

TITLE **SD** ☐ DELETE
NAME **DAUGHERTY, GERALD H**
STREET ADDRESS **202 NORTH COURT STREET**
CITY- ST- ZIP **FLORENCE AL**

TITLE **CFO** ☐ DELETE
NAME **PALME, JOHN**
STREET ADDRESS **4511 HELTON DRIVE**
CITY- ST- ZIP **FLORENCE AL**

TITLE **D** ☐ DELETE
NAME **ANDERSON, JOEL R**
STREET ADDRESS **202 NORTH COURT STREET**
CITY- ST- ZIP **FLORENCE AL**

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 the 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gerald H. Daugherty

2/21/97

(205) 764-6131

FILED
Apr 02 1997 8:00am
Secretary of State



CR2E034 (9/96)