

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

FILED

Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003527 (7)**

1. Corporation Name

**APH CONSTRUCTION, INC.**

Principal Place of Business

**950 N. ORLANDO AVE.  
SUITE 320  
WINTER PARK FL 32789  
US**

Mailing Address

**P.O. BOX 4961  
ORLANDO FL 32802-4961**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/21/1995**

4. FEI Number

**76-0461580**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing



**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes

No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

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

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 N. ORLANDO AVE., STE. 1100  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

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 **PARR, MICHAEL D**  
STREET ADDRESS **100 CONGRESS AVE. SUITE 1010**  
CITY-ST-ZIP **AUSTIN TX 78701**

TITLE **VPD** ☐ DELETE

NAME **PALMER, CHARLES B**  
STREET ADDRESS **950 N. ORLANDO AVE., STE. 320**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **STD** ☐ DELETE

NAME **BOBINSHUCK, ROBERT M**  
STREET ADDRESS **100 CONGRES AVE., STE. 1010**  
CITY-ST-ZIP **AUSTIN TX 78701**

TITLE **VP** ☒ DELETE

NAME **PERRONE, PRESTON**  
STREET ADDRESS **950 N. ORLANDO AVE., STE. 320**  
CITY-ST-ZIP **WINTER PARK FL 32789**

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

NAME **Michael D. Parr**  
1.2 NAME **100 Congress Ave., Ste. 1010**  
1.3 STREET ADDRESS **Austin, TX 78701**  
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

NAME **D/S/T/VP**  
3.2 NAME **Robert M Bobinchuck**  
3.3 STREET ADDRESS **100 Congress Ave., Ste. 1010**  
3.4 CITY-ST-ZIP **Austin, TX 78701**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

NAME **VP**  
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 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 on an attachment with an address.

SIGNATURE

**Preston Perrone, Vice President (407)628-4544**

CR2E034 (10/97)