

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000004420 (4)**

1. Corporation Name

APEX CONTRACTING, INC.



Principal Place of Business

PO BOX 798
PARIS KY 40362-0798

Mailing Address

PO BOX 798
PARIS KY 40362-0798

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**CANNON, W. P.
1 N TUTTLE AVE
SARASOTA FL 34237**

3. Date Incorporated or Qualified

09/13/1995

3a. Date of Last Report

4. FEI Number

61-0728559

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

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 607.1503, 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 date of appointment. (If the Registered Agent is not a resident of the State, then the agent must be a resident of the State of Florida.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DCP**
STREET ADDRESS **WHITNEY, FRANK D**
CITY-ST-ZIP **252 EASTRIDGE DR
PARIS KY 40361**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WHITNEY, FRANK D JR**
CITY-ST-ZIP **252 EASTRIDGE DR
PARIS KY 40361**

TITLE ☐ DELETE
NAME **DCV**
STREET ADDRESS **BUCHANAN, REID S**
CITY-ST-ZIP **1608 JACKSTOWN RD
PARIS KY 40361**

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **JONES, BONITA C**
CITY-ST-ZIP **160 KERRVILLE LN
PARIS KY 40361**

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **ATCHISON, DOUGLAS J**
CITY-ST-ZIP **143 TUPELO TRACE
FRANKFORT KY 40601-**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Bonita C. Jones (Bonita C. Jones, Sec)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96

Day

Month and Year

CR2E034 (12/95)