

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAY 31 AM 8:45

DOCUMENT # G06716

(6)

1. Corporation Name

APEX REALTY & EXCHANGE, INC.

Principal Place of Business

**3131 CLARK ROAD
SUITE 102
SARASOTA FL 34231
US**

Mailing Address

**3131 CLARK ROAD
SUITE 102
SARASOTA FL 34231
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/01/1982

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2228909

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

2. Principal Place of Business

21 1670 STICKNEY POINT RD.

2a. Mailing Address

26 1670 STICKNEY POINT RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 SARASOTA, FL 34231

City & State

28 SARASOTA, FL 34231

Zip

24 34231

Country

25 SARASOTA

Zip

29 34231

Country

30 SARASOTA

9. Name and Address of Current Registered Agent

**ALLEN, KENNETH D.
3131 CLARK ROAD, STE 102
SARASOTA FL 34231-4307**

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's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PST
NAME ALLEN, KENNETH D.
STREET ADDRESS 8383 SHADOW PINE WAY
CITY - ST - ZIP SARASOTA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2 1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3 1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4 1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5 1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6 1 TITLE ☐ Change ☐ Addition

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

KENNETH D. ALLEN

813-923-2321