

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 14 1997 8:00am
Secretary of StateDOCUMENT # **G25483**

(0)

1. Corporation Name

THE APALACHICOLA CORPORATION

Principal Place of Business

% CHARLES R. GARDNER
1300 THOMASWOOD DR.
TALLAHASSEE FL 32312

Mailing Address

% CHARLES R. GARDNER
1300 THOMASWOOD DR.
TALLAHASSEE FL 32312-29143. Date Incorporated or Qualified
03/01/19833a. Date of Last Report
01/30/1996

4. FEI Number

59-2263522

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SHELPER, JAMES O
1300 THOMASWOOD DR.
TALLAHASSEE FL 32312

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 DT ☐ DELETE

NAME DURST, HERMANN

STREET ADDRESS 3 ELLIOTT RD.

CITY-STATE-ZIP BROOMALL PA 19008

TITLE DP ☐ DELETE

NAME BORTHWICK, DAVID L

STREET ADDRESS 415 FOOTHILL DRIVE

CITY-STATE-ZIP BLUE BELL PA

TITLE D ☐ DELETE

NAME HENDRICKSON, JOHN G JR

STREET ADDRESS 2005 KEITH ROAD

CITY-STATE-ZIP ABINGTON PA

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Daytime Phone: #

CR2E034 (9/96)