SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **G26532** **(3)**

1. Corporation Name
APUS, INC.

Principal Place of Business	Mailing Address
% JOHN J. SIMMONS 1324 GREEN ACRES AVENUE FT. WALTON BEACH FL 32547	% JOHN J. SIMMONS 1324 GREEN ACRES AVENUE FT. WALTON BEACH FL 32547

3. Date Incorporated or Qualified: 03/04/1983
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business
21: 101 Tanglewood ct
22: Suite, Apt #, etc.
23: City & State: Ft. Walton Bch, FL
24: Zip: 32547 — 25: Country

2a. Mailing Address
26: 101 Tanglewood ct.
27: Suite, Apt #, etc.
28: City & State: Ft. Walton Bch, FL
29: Zip: 32547 — 30: Country

4. FEI Number: 59-2278844 ☐ 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

9. Name and Address of Current Registered Agent

SIMMONS, JOHN J.
1324 GREEN ACRES AVE.
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: John R CLARK
82 Street Address (P.O. Box Number is Not Acceptable): 101 Tanglewood CT
83:
84 City: Ft. Walton Bch, FL — FL — 85 Zip Code: 32547

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: John R Clark — 6/13/96
Signature of president, trustee of registered agent and title, if applicable (NOTE: Registered Agent signature required when filing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	11 TITLE	PD, VPD, S, T,	☒ Change ☐ Addition
NAME	SIMMONS, JOHN J.		12 NAME	John R. CLARK	
STREET ADDRESS	1324 GREEN ACRES AVE.		13 STREET ADDRESS	101 Tanglewood Ct.	
CITY-ST-ZIP	FT. WALTON BEACH FL		14 CITY-ST-ZIP	Ft. Walton Bch, FL 32547	
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, DOROTHY M.		22 NAME		
STREET ADDRESS	1324 GREEN ACRES DR.		23 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BEACH FL		24 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	CLARK, JOHN R		32 NAME		
STREET ADDRESS	904 WEEKS ROAD		33 STREET ADDRESS		
CITY-ST-ZIP	FT. WALTON BCH FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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

SIGNATURE: John R Clark — 6/13/96 — 904/862-8325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #