

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 # **G53657** (4)

1. Corporation Name

APOLLO ACCEPTANCE CORP. OF FLORIDA



Principal Place of Business

Mailing Address

**8573 N DIXIE
101 E. KENNEDY BLVD..STE.1000
DAYTON OH 45414
US**

**C/O GIBBONS, TUCKER, MILLER, WHATLEY & STEIN
101 E. KENNEDY BLVD..STE.1000
TAMPA FL 33602
US**

3. Date Incorporated or Qualified

08/10/1983

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

31-1072331

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

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

**GIBBONS, TUCKER, MILLER, WHATLEY & STEIN
101 E. KENNEDY BLVD.,STE.1000
BARNETT PLAZA
TAMPA FL 33602**

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, if not applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DP
KARSHNER, JACK A**
STREET ADDRESS **6350 TROY FREDERICK RD**
CITY-ST-ZIP **TIPP CITY OH**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **STD
KARSHNER, ROBERT L**
STREET ADDRESS **14499 N DALE MABRY**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD
VINCE, JULIEN**
STREET ADDRESS **2079 N POINTE ALLENS DR**
CITY-ST-ZIP **TARPON SPRINGS FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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

Jack A. Karshner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

Date

1-800-752-5656

Daytime Phone #

CR2E034 (12/95)