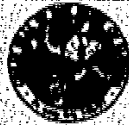


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 26 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G85964** (6)

1. Corporation Name

**APOLLO H, INC.**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/22/1984** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-2388265** 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**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

Principal Place of Business

**6530 US HWY 41 N  
6415 LAKE SUNRISE DRIVE  
APOLLO BEACH FL 33572  
US**

Mailing Address

**914 21ST STR SE  
RUSKIN FL 33570  
US**

2. Principal Place of Business

**21 914 21ST ST. S.F.**

2a. Mailing Address

Suite, Apt. #, etc.

**22**

City & State

**23 RUSKIN, FL.**

City & State

Zip

**24 33570**

Country

**25 HILLSBOROUGH**

Zip

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9. Name and Address of Current Registered Agent

**HOWELL WILLIAM H  
914 21ST ST SE  
RUSKIN FL 33570**

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 William H. Howell DATE 4-21-95  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                      |                     |                          |                                                                              |
|-----------------|----------------------|---------------------|--------------------------|------------------------------------------------------------------------------|
| TITLE           | TSM                  | 1.1 TITLE           | VD                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | HOWELL, WILLIAM H.   | 1.2 NAME            | HOWELL, WILLIAM H        |                                                                              |
| STREET ADDRESS  | 914 21ST ST SE       | 1.3 STREET ADDRESS  | 914 21ST ST. SE          |                                                                              |
| CITY - ST - ZIP | RUSKIN FL            | 1.4 CITY - ST - ZIP | RUSKIN, FL 33570         |                                                                              |
| TITLE           | VD                   | 2.1 TITLE           | TSD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | HOWELL, PATRICIA A.  | 2.2 NAME            | HOWELL, PATRICIA A.      |                                                                              |
| STREET ADDRESS  | 211 WHITE OAKS CT.   | 2.3 STREET ADDRESS  | 211 WHITE OAKS CT.       |                                                                              |
| CITY - ST - ZIP | RUSSELLS POINT OH    | 2.4 CITY - ST - ZIP | RUSSELLS POINT, OH 43348 |                                                                              |
| TITLE           | PD                   | 3.1 TITLE           |                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | HOWELL, FREDERICK L. | 3.2 NAME            |                          |                                                                              |
| STREET ADDRESS  | 211 WHITE OAKS CT.   | 3.3 STREET ADDRESS  |                          |                                                                              |
| CITY - ST - ZIP | RUSSELLS POINT OH    | 3.4 CITY - ST - ZIP |                          |                                                                              |
| TITLE           |                      | 4.1 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                      | 4.2 NAME            |                          |                                                                              |
| STREET ADDRESS  |                      | 4.3 STREET ADDRESS  |                          |                                                                              |
| CITY - ST - ZIP |                      | 4.4 CITY - ST - ZIP |                          |                                                                              |
| TITLE           |                      | 5.1 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                      | 5.2 NAME            |                          |                                                                              |
| STREET ADDRESS  |                      | 5.3 STREET ADDRESS  |                          |                                                                              |
| CITY - ST - ZIP |                      | 5.4 CITY - ST - ZIP |                          |                                                                              |
| TITLE           |                      | 6.1 TITLE           |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                      | 6.2 NAME            |                          |                                                                              |
| STREET ADDRESS  |                      | 6.3 STREET ADDRESS  |                          |                                                                              |
| CITY - ST - ZIP |                      | 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 William H. Howell SEC/TREAS. DATE 4-21-95 (813) 645-9651  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #