FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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.

Principal Place of Business	Mailing Address
6530 US HWY 41 N. 6415 LAKE SUNRISE DRIVE APOLLO BEACH FL 33572 US	914 21ST STR SE RUSKIN FL 33570 US

DO NOT WRITE IN THIS SPACE.

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

21 2. Principal Place of Business: 914 21ST ST. S.E.
22 Suite, Apt. #, etc.:
23 City & State: RUSKIN, FL.
24 Zip: 33570
25 Country:

26 2a. Mailing Address:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

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

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TSM	1.1 TITLE	VD	XX Change ☐ 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	XX Change ☐ 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		☐ Change XX 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		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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: Patricia A. Howell SEC/TREAS. 4-21-95 (813)645-9651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0898460 - CP