

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J47784** (0)

1. Corporation Name
APOLLO ENVIRONMENTAL, INC.



Principal Place of Business
**11553 US 41 SOUTH
PO BOX 239
GIBSONTON FL 33534-0239
US**

Mailing Address
**P.O. BOX 239
GIBSONTON FL 33534**

3. Date Incorporated or Qualified **12/18/1986** 3a. Date of Last Report **03/31/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2755607	Applied For ☐ Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**PATRICIA CRAIG MITCHELL
1013 BAL HARBOUR DR
APOLLO BEACH FL 33570**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, PATRICIA	1.2 NAME	
STREET ADDRESS	1013 BAL HARBOUR DR	1.3 STREET ADDRESS	
CITY-STATE-ZIP	APOLLO BEACH FL	1.4 CITY-STATE-ZIP	
TITLE	VS	2.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, ROBERT	2.2 NAME	
STREET ADDRESS	1013 BAL HARBOUR DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	APOLLO BEACH FL	2.4 CITY-STATE-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMSON, MICHAEL	3.2 NAME	
STREET ADDRESS	2512 RIVER BEND DR.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	RUSKIN FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96 813-671-3999

CR2E034 (12/95)