

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 12/18/1986	
4. FEI Number 59-2755607		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent PATRICIA CRAIG MITCHELL 1013 BAL HARBOUR DR APOLLO BEACH FL 33570			
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		10. Name and Address of New Registered Agent			

I, the undersigned, being the officer or registered agent, or both, in the State of Florida, do hereby certify that the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Patricia Craig Mitchell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/3/97

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Craig Mitchell

REQUIRED

1/3/97

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CR2E034 (10/97)