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

**PROFIT CORPORATION** ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**FILED** Feb 18 1997 8:00am Secretary of State

1. Corporation	AS CHARLES APPLE, INC.	Mailing Address 1251 ROYAL OAK DR.				
DUNEDIN FL 34698		DUNEDIN FL 34698-3114 US				
US		03		3. Date Incorporated or Qualified 12/07/1988	3a. Date of Last Report 08/07/1996	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2940469	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	•	28		Trust Fund Contribution	Added to Fees	
Žip	Country	Zip	Country	8. This corporation has liability for in		
24	25	29	30		Yes No	
A DO	9. Name and Address of Currer	it Registered Agent	81 Name	10. Name and Address of New Reg	istered Agent	
	APPLE, DOUGLAS C. 1251 ROYAL OAK DR.					
DUNEDIN FL 34698			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
5011	LEGIT I E O 1000		83			
			84 City		85 Zip Code	
			1 1 7		FL	
agent. La SIGNATURE	m familiar with, and accept the oblig  Signature, typed or mad name of registered age	ations of, Section 607.0505, Fig	orida Statutes.  Registered Agent signature requ	poration submits this statement for the pution's board of directors. I hereby accept ared when renestating)  ADDITIONS/CHANGES TO OFFICE	DATE	
Tille	PDSV	DELETE	1.1 TITLE	7,55,7,61,6,61,7,1,626,16,6,11,6	Change Addition	
NAME	APPLE, DOUGLAS C.		1.2 NAME			
STREET ADDRESS	1251 ROYAL OAK DR.		1.3 STREET ADDRESS			
CITY - ST - ZIP	DUNEDIN FL		1.4 CITY-ST-ZIP			
TITLE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2 4 CITY - ST - ZIP 31 TITLE		Change Addition	
NAME		Pare la	32 NAME		• —	
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3 4. CITY - ST - ZIP			
TILE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		Floriere	4.4 CITY-ST-ZIP		Change Addition	
TITLE		[] DELETE	5.1 TITLE		☐ Unange ☐ Audition	
NAME OTOSST ADDRESS			5.2 NAME 5.3 STREET ADDRESS			
STREET ADDRESS			5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME		-	
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-S1-ZIP		J.	6.4 CITY - ST - ZIP			

14. 1 do 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.