

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 22 AM 9:06

DOCUMENT # P19871 (3)  
1. Corporation Name

AMERICAN PATRIOT INCORPORATED EFFORTS, INC.

Principal Place of Business Mailing Address  
529 S. PARSONS AVE PO BOX 2011  
SUITE 1015 TAMPA FL 33601  
BRANDON FL 33511  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1988 3a. Date of Last Report 04/19/1994  
4. FEI Number 35-1542331 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 8901 Alafia Way 26

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27

City & State City & State  
23 Riverview, FL 28

Zip Country Zip Country  
24 33569 USA 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYER, GREGORY F.  
2803 W. BUSCH BOULEVARD  
SUITE 103  
TAMPA FL 33618

81 Name Boyer, Gregory F.  
82 Street Address (P.O. Box Number is Not Acceptable) 2522 Lake Ellen Lane  
83  
84 City Tampa FL 85 Zip Code 33618

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME NELIS, LM ICHAEAL  
STREET ADDRESS 529 S PARSONS AVE #1015  
CITY-ST-ZIP BRANDON FL

1.1 TITLE ~~None~~ President / Director  Change  Addition  
1.2 NAME Nelis, L. Michael  
1.3 STREET ADDRESS 8901 Alafia Way  
1.4 CITY-ST-ZIP Riverview, FL 33569

TITLE D  
NAME BOYER, GREGORY F.  
STREET ADDRESS 2803 W. BUSCH BLVD. #103  
CITY-ST-ZIP TAMPA FL

2.1 TITLE Director  Change  Addition  
2.2 NAME Boyer, Gregory F.  
2.3 STREET ADDRESS 2522 Lake Ellen Lane  
2.4 CITY-ST-ZIP Tampa, FL 33618

TITLE SD  
NAME NELIS, DENA L.  
STREET ADDRESS 529 S PARSON AVE # 1015  
CITY-ST-ZIP BRANDON FL

3.1 TITLE Secretary / Director  Change  Addition  
3.2 NAME Nelis, Dena L.  
3.3 STREET ADDRESS 8901 Alafia way  
3.4 CITY-ST-ZIP Riverview, FL 33569

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *L. Michael Nelis* L. Mike Nelis 3/15/95 013-671-2664  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #