

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT



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

1996

8-6-96 B-7605 e

DOCUMENT # P93000030015 (0)

1. Corporation Name

APPLEVALE, INC.



Principal Place of Business

Mailing Address

RURAL ROUTE 4
BOX 1219
WILLISTON FL 32696

RURAL ROUTE 4
BOX 1219
WILLISTON FL 32696

3. Date Incorporated or Qualified
04/23/1993

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
57-3179451

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

Zip

Country

Zip

Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POE, GARY A
103 NORTH APOPKA AVENUE
INVERNESS FL 34450

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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when not strong)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVST
NAME KKULAKOWSKI, JUNE
STREET ADDRESS RURAL ROUTE 4, BOX 1219
CITY-ST-ZIP WILLISTON FL 32696

11 TITLE PVST
12 NAME KULAKOWSKI, JUNE F.
13 STREET ADDRESS RURAL ROUTE 4, BOX 1219
14 CITY-ST-ZIP WILLISTON, FL 32696

TITLE D
NAME KKULAKOWSKI, JUNE
STREET ADDRESS RURAL ROUTE 4, BOX 1219
CITY-ST-ZIP WILLISTON FL 32696

21 TITLE D
22 NAME KULAKOWSKI, JUNE F.
23 STREET ADDRESS RURAL ROUTE 4, BOX 1219
24 CITY-ST-ZIP WILLISTON, FL 32696

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

June Kulakowski

8/2/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exempted From

CR2E034 (3/96)