

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000033784 (8)**

1. Corporation Name

APEX AUTO, INC.

Principal Place of Business

**201 N MAPLE ST
STE 4
SANFORD FL 32771
US**

Mailing Address

**153 ESTATE CIR
LAKE MARY FL 32746
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/10/1993

3a. Date of Last Report

04/18/1994

4. FEI Number

59-3181375

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21

26

122 International Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

Suite 221

City & State

City & State

23

28

Heathrow

Zip

Country

Zip

Country

24

25

29

32746

30

Seminole

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCGILL, THOMAS G
153 ESTATE CIR
LAKE MARY FL 32746**

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

Thomas G. McGill

(NOTE: Registered Agent signature required when registering)

DATE

4/25/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	ROSSI, ANTHONY W
STREET ADDRESS	593 ALBANY PLACE
CITY - ST - ZIP	LONGWOOD FL 32779
TITLE	D
NAME	MCGILL, THOMAS G JR.
STREET ADDRESS	153 ESTATE CIR
CITY - ST - ZIP	LAKE MARY FL
TITLE	D
NAME	LORMANN, JAMES
STREET ADDRESS	370 ROCKWELL CIR
CITY - ST - ZIP	LAKE MARY FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas G. McGill Director

DATE

Signature Number

4/25/95 **407-444-2828**