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

DOCUMENT # P93000088564 (8)

Principal Place of Business
P.O. BOX 3172
APOLLO BEACH FL 33572

APOLLO BEACH FL 33572

APOLLO BEACH FL 33572

APOLLO BEACH FL 33572

FILED Apr 04 1997 8:00am Secretary of State



		APOLLO DENOTITE GOTE-1001							
		·.			3. Date Incorporated or Qualified 12/29/1993 3a. Date of Late 12/29/1993 03/11/19				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For	
21		26						t Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
22		27						Fee Re	
City & State		City & State				6. Election Campaign Financing	г.	\$5.00	
23		28				Trust Fund Contribution	<u> </u>	Added t	
Z _i p	Country	Zip		untry		8. This corporation has liability for	intengible Yes		199.032,
24	25 9. Name and Address of Curren	29	30	1		Florida Statutes 10. Name and Address of New Re	-		
DE!		i negistered Agent	······································	B1	Name	ID. Italiio alla Address di Italii Ita	g.0.0.00 .		
	NOLDS, STEPHEN H								
	MADISON ST			62	Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
	D FLOOR			83					
IAN	IPA FL 33602								
				84	City		FL	 85 Zip (Code
office or r	egistered agent, or both, in the State.	of Florida, Such change was	authorize	ed by	/ the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of of the app	changing its	s registered registered
agent. La	m familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Sta	atutes	S.				
SIGNATURE	Signarure: typeof or printed name of registered age				ent signature requi	ired when reinstaling)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	DP	☐ DELETE		TITLE				☐ Change	Addition
NAME	ELSBERRY, ROSS S		1.21	NAME					
STHEET ADDRESS	P.O. BOX 3172 N/A		1,3	STAEFT	ADDRESS				
CITY+ST-ZIP	APOLLO BEACH FL 33572			CITY-S	ST - ZiP			T 3 61	11000
TITLE	DV	DELETE	21	TITLE	-			Change	Addition
NAME	ELSBERRY, TERRY L		2.2	NAME					
STHEET ADDRESS	P.O. BOX 3172 N/A		2.3	STREET	ADDRESS		100		
CITY-ST-ZIP	APOLLO BEACH FL 33572			_	ST-ZIP				1 1 1 1 1 1 1 1
TOLE	DST	DELETE	3.1	TITLE				Change	Addition
NAME	ELSBERRY, BRUCE P		3.2	NAME	İ				
STREET ADORESS	P.O. BOX 3172 N/A		3.3	STREET	ADDRESS				
CITY-ST-ZIP	APOLLO BEACH FL 33572				ST-ZIP				
TITLE		DELETE	4.1	TITLE				Change	Addition
NAME			4. 2	NAME					
STREET ADORESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP				CITY - S	ST - ZIP				
TITLE		☐ DELETE	5.1	TITLE		·		☐ Change	Addition
NAME			5.2	NAME					
STREET ADDRESS	·		5.3	STREET	T ADDRESS				
CITY+ST+ZIF			5.4	CITY-5	SY-ZIP				
THLE		☐ DELETE	61	TITLE				Change	Addition Addition
NAME			6.2	NAME	ŀ				
STREET ADDRESS			63	STREET	F ADDRESS				
CITY-SI-LP			64	CITY-S	ST-ZIP				

14. I do hereby certify that the information supplied with this filling 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:

CHARLES AND TYPEFOR PRINTED NAME OF SIGNING OFFICER
70 645-4480 Daytime Prove #