1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000013335**

API ENTERPRISES, INC.

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90144 041 ***150.00



Principal Place	e of Business	Mailing Address		, 100 May 110	
40207 OSLIN ST. 10207 OSLIN ST.					
TAMPA FL 33615 TAMPA FL 33615			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed	
				02/17/1994	
2. Principal Pi	ace of Business	2a. Mailing Address			Applied For
21 1309	Fishing Lake DA	· - · - · - · - · - · - · · ·	na lake 0		lot Applicable
Suite, Apt.	risining work b	Suite, Apt. #, etc.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$8.75	Additional
22 27				5. Certificate of Status Desired Fee F	Required
City & State City & State				6. Election Campaign Financing \$5.00	May Be
23 Odessa FL , , 28 Odessa			FL	Trust Fund Contribution Added	to Fees
Zip Country Cish Zip Co			Country	8. This corporation owes the current year Intangible	_
24 33556 25 29 33556 30 U.S. A					
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
FAIDDANIC CYNTHIA N				Inthia M. Fairbanks	
FAIRBANKS, CYNTHIA M				ress (P.O. Box Number is Not Acceptable)	
10207 OSLIN ST.				309 FISH ING Lake DR	
TAMPA FL 33615					
			84 City (2 Jan 50 P. 85 Zip	3556
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 of corporation in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as 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 Cunthua m durbanks Conthia m. Fairbrents 99 Mar 01 Signature tropod or printed name of registered agent and title if applicable. (NOTE: Registere) Agent signature required when reinstating) DATE					
12.	Signature/yped or printed name of registered ager	nt and title if applicable. (NOTE: # D DIRECTORS	Registere Agent signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
TITLE	D OFFICERS AN	D DELETE	1.1 TITLE	★ Change	
NAME	UPCAVAGE, ROBERT J		1.2 NAME	vanhort I Werawase	
STREET ADDRESS	10207 OSLIN ST.		1.3 STREET ADDRESS	1309 FISHING LAKE DE	ζ
CITY-ST-ZIP	TAMPA FL 33615		1.4 CITY-ST-ZIP	nalecco El 23556	
TITLE	D	DELETE	2.1 TITLE	Change	
NAME	FAIRBANKS, VANCE D		2.2 NAME	vance D. Fairbanks, JR	
STREET ADDRESS	10207 OSLIN ST.		2.3 STREET ADDRESS	1309 Fishing Lake DR	'
CITY-ST-ZIP	TAMPA FL 33615		2.4 CITY-ST-ZIP	Marie C 73556.	
TITLE	D	☐ DELETE	3.1 TITLE	Ghange	e Addition
NAME	FAIRBANKS, DENISE M		3.2 NAME	Penise M. Fairbanks	`
STREET ADDRESS	10207 OSLIN ST.		3.3 STREET ADDRESS	Benise M. Fallbanks 1309 FISHING Lake Dr	.
CITY-ST-ZIP	TAMPA FL 33615		3.4. CITY-ST-ZIP	M 1 # cc	
TITLE	D	☐ DELETE	4.1 TITLE	Change Change	e 🔲 Addition
NAME	FAIRBANKS, CYNTHIA M		4. 2 NAME	Cynthia M. Fairbanks	
STREET ADDRESS	10207 OSLIN ST.		4.3 STREET ADDRESS	1309 FISHING LAKE DR	
CITY-ST-ZIP	TAMPA FL 33615		4.4 CITY-ST-ZIP	odessa FL 33556	
TITLE		☐ DELETE	5.1 TITLE	☐ Change	Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	, <u>, , , , , , , , , , , , , , , , , , </u>	
TITLE		☐ DELETE	6.1 TITLE	☐ Change	e ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			64 CITY, ST. ZID		÷,:

14. I 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, with all other like empowered.

SIGNATURE: