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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000030532 (3)**

1. Corporation Name
THE APPLE HOUSE, INC.

Principal Place of Business	Mailing Address
422 PLEASANT ST P.O. BOX 49 POMONA PARK 32181	257 RIVER DRIVE EAST PALATKA FL 32131-8883 US

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 49	3. Date Incorporated or Qualified 04/20/1994	3a. Date of Last Report 05/01/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 422 Pleasant St.	4. FEI Number 59-3255140	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Pomona Park Fl.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 32181 / 30 U.S.	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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOLSAAPPLE, LINDA M 422 PLEASANT ST. POMONA PARK FL 32181	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOLSAPPLE, LINDA M		1.2 NAME		
STREET ADDRESS	PO BOX 49 158 LAKE ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMONA PARK FL 32181		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOLSAPPLE, GERALD W		2.2 NAME		
STREET ADDRESS	PO BOX 49 158 LAKE ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMONA PARK FL 32181		2.4 CITY-ST-ZIP		
TITLE	DST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TORODE, WILLIAM E III		3.2 NAME		
STREET ADDRESS	257 RIVER DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	EAST PALATKA FK 32131		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TORODE, JUDY B		4.2 NAME		
STREET ADDRESS	257 RIVER DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	EAST PALATKA FK 32131		4.4 CITY-ST-ZIP		
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		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: Linda M. Holsapple President 4/27/97 904-649-5045

CR2E034 (9/96)