

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000068850 (4)**

1. Corporation Name

APOLLO DEVELOPMENT, INC.



Principal Place of Business

28059 U.S. HIGHWAY 19 NORTH
SUITE 203
CLEARWATER FL 34621

Mailing Address

28059 U.S. HIGHWAY 19 NORTH
SUITE 203
CLEARWATER FL 34621

3. Date Incorporated or Qualified
09/19/1994

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

21 **28059 U S HWY 19 N**

2a. Mailing Address

26 **28059 U S HWY 19 N**

4. FEI Number

59-3272482

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

Suite, Apt. #, etc.

22 **SUITE 100**

Suite, Apt. #, etc.

27 **SUITE 100**

City & State

23 **CLEARWATER FL**

City & State

28 **CLEARWATER FL**

Zip

24 **34621**

Country

25 **USA**

Zip

29 **34521**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**KIMPTON, WILLIAM J
28059 US HWY. 19 N., SUITE 203
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable)

28059 U. S. Highway 19 North

83 Suite 100

84 City

Clearwater

FL

85 Zip Code

34621

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 of officer or director

Date

3/4/96

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD
**KIMPTON, WILLIAM J
28059 US HWY 19 N STE 203
CLEARWATER FL**

DELETE

STD
**BURKE, ROBERT C JR
28059 US HWY 19 N STE 203
CLEARWATER FL**

DELETE

D
**BALOW, RONALD D
27989 US HWY 19 N
CLEARWATER FL**

DELETE

D
**KALAJ, LUIGI
3424 FAIRFIELD TRAIL
CLEARWATER FL**

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP
**28059 U. S. Hwy. 19 N. Suite 100
Clearwater, FL 34621**

Change Addition

12 TITLE NAME STREET ADDRESS CITY-ST-ZIP
**28059 U. S. Hwy. 19 N. Suite 100
Clearwater, FL 34621**

Change Addition

13 TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

14 TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

15 TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

16 TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William J. Kimpton, President

3/4/96

813-791-0063

Office Phone #

CR2E034 (12/95)