

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90100 032 ***150.00

DOCUMENT # P95000020059

1. Corporation Name

APOLLO FINANCIAL CORPORATION

Principal Place of Business

6544 N US HWY 41
122-B
APOLLO BCH FL 33572
US

Mailing Address

6544 NO. U.S. HIGHWAY 41
APOLLO BEACH FL 33572

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1995

4. FEI Number

59-3320195

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 212 Apollo Beach Blvd

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

22 B

Suite, Apt. #, etc.

27

City & State

23 Apollo Beach, Fl.

City & State

28

Zip

24 33572

Country

25 Hillsborough

Zip

30

Country

31

9. Name and Address of Current Registered Agent

GREENE, CAROL D
6544 NO. U.S. HIGHWAY 41
SUITE 122-B
APOLLO BEACH FL 33572

10. Name and Address of New Registered Agent

81 Name

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

212 - B Apollo Beach Blvd.

83

84 City

Apollo Beach

FL

85 Zip Code

33572

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 **CAROL D. GREENE, PRES.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-27-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **GREENE, CAROL D**
STREET ADDRESS **1018 SILVER PALM WAY**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE **D** ☐ DELETE

NAME **ANDERSEN, WAYNE J**
STREET ADDRESS **1018 SILVER PALM WAY**
CITY-ST-ZIP **APOLLO BEACH FL 33572**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

Wayne J Andersen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

Daytime Phone #

CR2E034 (11/98)