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PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Saridra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000065670 (8)

1. Corporation Name APEX CONSTRUCTION ENTERPRISES, INC.



| Principal Place of Business 2833 SUNNYSIDE STREET SARASOTA FL 34239 Mailing Address 2833 SUNNYSIDE STREET SARASOTA FL 34239 | | | | | | | |
|--|---|--------------------------------------|------------------------------------|---|----------------|--------|-----------------------------|
| (same) | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report N/A | | | |
| 2. Principal Place 21 2833 S | ce of Business SUNNYSIDE ST. | 2a. Mailing Address 26 P.O. BOX L | 5788 | 4. FEI Number 65 - 06 | | N | oplied For ot Applicable |
| Suite, Apt. #, | , etc. | Suite, Apl. #, etc. | | 5. Certificate of Status Desired | | Fee R | Additional equired |
| Orty & State | SOTA , FZ | SARASOTA. | FC | 6. Election Campaign Financing Trust Fund Contribution | | Added | May Be to Fees |
| Zp 24 3H239 | Country USA 25 SARASCTA | ^{Zip} 29 34277-1788 30 | Country USA | | i 🔀 No | | .99 032, |
| | g. Name and Address of Current | Registered Agent | | 10. Name and Address of New I | Registered Age | ent | |
| WHITE, H A 2833 SUNNYSIDE STREET SARASOTA FL 34239 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| SAMASU | JIA FL 34239 | | 84 City | | FL | 85 Zp | Code |
| SIGNATURE _ | Signal inc. Types or printed that he of registered buyet. OFFICERS ANS | | 6 julional Agent signature require | el who see the gr ADDITIONS/CHANGES TO OF | | RECTOR | |
| TITLE | D | ☐ DELETE | 1 1 TiTe€ | | | Change | Add-tion |
| NAME | WHITE, H A | | 1.2 NAME | | | | |
| STREET ADDRESS | 2833 SUNNYSIDE STREET | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | SARASOTA FL 34239 | ☐ DELETE | 1.4 C(TY - S1 - Z)P | | | Change | Addition |
| TITLE | | [] percie | 2 1 TITLE 22 NAME | | لسا | | L |
| NAME STREET ADDRESS | | | 23 STHEFT ADDRESS | | | | |
| CITY-ST-ZIP | | | 2.4 Cilly - ST ZIP | | | | |
| TITLE | | DELETE | 3 1 1111.1 | | | Change | Addition |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| CITY - ST - ZIP | | □ DELETE | 3.4.01(v · S1 - Z12) 4.1.11FLE | | | Change | Add tion |
| TITLE NAME | | | 4 2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CITY ST-ZIP | | | 4.4 C/1Y - ST - Z/F | | | | |
| THLE | | DELETE | 5 % TIPLE | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5 3 STREET ADDRESS | | | | |
| CITY - ST - ZIP | | DELETE | 5.4 CHY+SI+ZIP 6.1 THLF | | | Change | ☐ Addition |
| TITLE | | L.J. Wileit | 6.2 NAME | | _ | | |
| NAME STREET ADDRESS | | | 63 STREE! AUDRESS | | | | |
| STREET MUDITESS | | | SACITY ST 7ID | | | | |

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 trastice 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, propagation with at address.

SIGNATURE:

SIGNING OFFICER OF DIRECTOR

CR2E034 (12/95)