

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 17 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000026691 (0)

1. Corporation Name  
APPOLLON PAINTING, INC.



Principal Place of Business

1917 SPANISH OAKS DRIVE N.  
PALM HARBOR FL 34683

Mailing Address

1917 SPANISH OAKS DRIVE N.  
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1997

4. FEI Number

593433063

☒ 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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 29780 66 St N.  
22 Clearwater, FL  
23 33761 US  
24 Zip Country  
25

2a. Mailing Address

26 29780 66 St N.  
27 Clearwater, FL  
28 33761 US  
29 Zip Country  
30

9. Name and Address of Current Registered Agent

VLISSIDIS, BARBARA  
1917 SPANISH OAKS DRIVE N.  
PALM HARBOR FL 34683

10. Name and Address of New Registered Agent

81 Name POLIDOROS VLISSIDIS  
82 Street Address (P.O. Box Number is Not Acceptable)  
29780 66 ST N.  
83  
84 City CLEARWATER FL 85 Zip Code 33761

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 Polidoros Vlassidis Polidoros Vlassidis, BARBARA VLISSIDIS  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 8/24/98

12. OFFICERS AND DIRECTORS

| TITLE | NAME                 | STREET ADDRESS             | CITY-ST-ZIP          | DELETE                   |
|-------|----------------------|----------------------------|----------------------|--------------------------|
| DR    | VLISSIDIS, BARBARA   | 1917 SPANISH OAKS DRIVE N. | PALM HARBOR FL 34683 | <input type="checkbox"/> |
| DV    | VLISSIDIS, POLIDOROS | 1917 SPANISH OAKS DRIVE N. | PALM HARBOR FL 34683 | <input type="checkbox"/> |
| DP    | VLISSIDIS, BARBARA   | 29780 66 ST. N.            | CLEARWATER, FL 33761 | <input type="checkbox"/> |
|       |                      |                            |                      | <input type="checkbox"/> |
|       |                      |                            |                      | <input type="checkbox"/> |
|       |                      |                            |                      | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                            |
|-----------|----------|--------------------|-----------------|--------------------------|-------------------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/>            |

000002646120  
-09/22/98--01051--003  
\*\*\*150.00

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,

SIGNATURE: Polidoros Vlassidis VICE PRES 7-25-98

CR2E034 (5/98)