

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **S30412** (8)

1. Corporation Name

**APOPKA BROKERS, INC.**

Principal Place of Business

Mailing Address

**3451 LUST RD.  
APOPKA FL 32703  
US**

**P O BOX 158  
APOPKA FL 32704**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/08/1991**

3a. Date of Last Report

**08/01/1994**

4. FEI Number

**59-3050755**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. # etc

26 Suite, Apt. # etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THARPE, BILL J.  
575 NORTH ELDER ROAD  
SANFORD FL 32771**

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. Each 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

*Bill J. Tharpe*

*Bill J. Tharpe*

*4/26/95*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                     |
|----------------|---------------------|
| TITLE          | D                   |
| NAME           | THARPE, BILL J.     |
| STREET ADDRESS | 575 N ELDER RD      |
| CITY, ST, ZIP  | SANFORD FL          |
| TITLE          | D                   |
| NAME           | CAIN, LUKE P.       |
| STREET ADDRESS | 30532 SEAFORTH AVE. |
| CITY, ST, ZIP  | MT. PLYMOUTH FL     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY, ST, ZIP  |                     |

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 14 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 15 NAME           |                                                                   |
| 16 STREET ADDRESS |                                                                   |
| 17 CITY, ST, ZIP  |                                                                   |
| 18 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 19 NAME           |                                                                   |
| 20 STREET ADDRESS |                                                                   |
| 21 CITY, ST, ZIP  |                                                                   |
| 22 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 23 NAME           |                                                                   |
| 24 STREET ADDRESS |                                                                   |
| 25 CITY, ST, ZIP  |                                                                   |
| 26 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 27 NAME           |                                                                   |
| 28 STREET ADDRESS |                                                                   |
| 29 CITY, ST, ZIP  |                                                                   |
| 30 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 NAME           |                                                                   |
| 32 STREET ADDRESS |                                                                   |
| 33 CITY, ST, ZIP  |                                                                   |
| 34 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 35 NAME           |                                                                   |
| 36 STREET ADDRESS |                                                                   |
| 37 CITY, ST, ZIP  |                                                                   |
| 38 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 39 NAME           |                                                                   |
| 40 STREET ADDRESS |                                                                   |
| 41 CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exceptions stated in Sections 110.07(1)(b), 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 officer 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 of this report, or on an attachment with an address.

SIGNATURE:

*LUKE PRESTON CAIN*

**4-26-95 407-880-3482**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Chapter 607.0505