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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # V04433

(1)

APEX TRANSMISSIONS, INC.

Principal Place of Business Mailing Address 200 EAST PALMETTO AVE. 200 SAST-PALMETTO AVE-

FILED Apr 25 1997 8:00am Secretary of State



Salitic Apt #, etc. 22	LONGWOOD_FL	327 80 -	LONGWOOD FL 32750-4247				
Suite, Apr Fig. Fig. Suite, Apr Fig. Fig. Suite, Apr Fig. F						· .	
Soutic, And if, etc. 22		ιΛΑ I + I		1	l l		
### 10 27 ### 10 5. Certificate of Status Desired Fee Required Fee Required 22 Congrupt 23 Congrupt 24 25 Congrupt 25 County 26 County 26 County 27 27 28 Congrupt 28 Congrupt 28 County 28				O Trout	59-3097964	Not Applicable	
City & State 23		10 l			5. Certificate of Status Desired		
20 20 20 20 20 20 20 20	City & State	· · · · · · · · · · · · · · · · · · ·	′.	d FC	, -		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered 10. Name and Address of New Registered Agent 10. Name and Address of New Registered 10. Name and Address of New Regis		YIV Y		Country	······	710000101000	
DLUTZ, GERALYN M 200 E- PALMETTO-AVE LONGWOOD FL-32750 82 Stroet Address (P.O. Box Number is Not Acceptable) 11. Pursugnit to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named corporation abbrits this statement of the purpose of changing lis registered organic and accept the obligations of Sections 67 0502 and 607 1508. Florida Statutes, the above-named corporation abbrits this statement of the purpose of changing lis registered organic are named with a statement of the purpose of changing lis registered organic are named accept the obligations of Sections 67 0502. Florida Statutes, the above-named corporation abbrits this statement of the purpose of changing lis registered organic are named accept the obligations of Sections 67 0502. Florida Statutes, the above-named corporation abbrits this statement of the purpose of changing lis registered organic are named organic are purposed by the corporation's board of directors. I hereby accept the appointment as registered from the name of ingisteric agent and for it appoints on the appointment as registered depend algorithm required when renaming) 12.	24 32	75025 DS A	20 32750 31	o US A	· ·		
2017 CREATION AND LONG PALAMETRIO AND LONG PARTIES AND DIRECTORS IN 12 LONG WOOD FL. 32750 11. Pursuagnit to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submit his statement for the purpose of changing its registered oblice or registered agent or both, in the State of Florida. Such change was authorized by the corporations board of directors. I hereby accept the appointment as registered agent a rate with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. THE DLUTZ, WALTER 05 WIREL ALONES CITY ST 2P DUUTZ, WALTER 05 WIREL ALONES CITY ST 2P DUUTZ, GERALYN 05 WIREL ALONES CITY ST 2P DELETE 1 THILE D Change Addition 1 Addit		9. Name and Address of Curren	10. Name and Address of New Reg	istered Agent			
STORY Company Compan	DLUTZ, GERALYN M 81 Name						
SIGNATURE							
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation bothers this statement for the purpose of changing its registered other of 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 other or registered agent are with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: Type-3 or predeferance of registered agent are lost appearance for protects agent and lost appearance for protects. In the protect agent agent and lost appearance for protects agent and lost appearance for protects agent and lost appearance for protects. In the protect agent agent and lost appearance for protects agent agent and lost appearance for protects. In the protect agent agent and lost appearance for protects agent agent and lost agent a	LON	9 WOOD FL-3275 0	· Via ·				
11. Pursugnit to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits it is statement to the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was suthiorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am farm liar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: speed or point name of registered agent and line if applicable				83 U	17+4101		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement to the purpose of changing its registered agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: Syndice protect name of registered agent and lice if applicable (NOTE Registered Agent signature required when remaining) DATE				84 City		85 Zip Code	
SIGNATURE Signature, tyrind or protect name of register-03 agent and lote if applicable (NOTE: Registered Apent signature required when remataling) DATE	44 D	A C	2 and 007 4500. Fledda Otal day		-ongwood ?	FL 32750	
Signature, typical or protect name of registerical algorith and loc if applicable (NOTE: Registered Agent signature required when remaining) DATE	office or reg stered 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 fam liar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
DELETE D		Signature, typed or printed name of registered ager	nt and title it applicable [NOTE: R	egistered Agent signature req	uired when reinstating)	DATE	
NAME CHAPTER 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CHAPTER 1.5 STREET ADDRESS 1.4 CITY-ST-ZIP CHAPTER 1.5 STREET ADDRESS 1.4 CITY-ST-ZIP CHAPTER	12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TITLE		☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
CONSTRUCT Cons	NAME			1.2 NAME			
DELETE D	STREET ADDRESS			1.3 STREET ADDRESS			
NAME DLUTZ, GERALYN 22 NAME 23 STREET ADDRESS CHY. ST. ZIP DELETE DELETE 31 TITLE Change Addition A			T Locustr				
Change			☐ DELETE			L Change L Addition	
CHY-ST-ZIP LONGWOOD FL 2.4 CITY-ST-ZIP Change Addition	1			ا أ			
DELETE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP Change Addition TITLE DELETE Change Addition Addition Addition TITLE DELETE Change Addition Addition Addition TITLE DELETE Change Addition Addition A	1						
NAME		LONGHOOD FE	DELETE			Change Addition	
STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP						La stange La stantion	
STATE STAT				4			
DELETE	1						
STREET ADDRESS 43 STREET ADDRESS			☐ DELÉTE			Change Addition	
CHY-ST-ZIP	NAME			4. 2 NAME			
TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME	STREET ADDRESS			4.3 STREET ADDRESS			
NAME 52 NAME	CITY-ST-ZIP			4.4 CITY - ST - ZIP			
06	TITLE		☐ DELETE	5.1 TITLE		Change Addition	
STREET ADDRESS 53 STREET ADDRESS C5	NAMÉ			5.2 NAME			
CITY-S1-ZIP 5.4 CITY-S1-ZIP 4/35/97	STREET ADDRESS			5.3 STREET ADDRESS	α	9	
			THE OCCUPAN		4**h	4/25/47	
	TITLE		DELETE	6.1 TITLE	50000215	Change Addition	
62 NAME -04/28/9701020021					-04/28/970102	0021	
************************************					***165.00		
City St-ZiP 64 City-St-ZiP 64 City-St-ZiP 64 City-St-ZiP 14. I do 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		v certify that the information supplied	with this filing does not qualify (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