

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -7 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 356948 (0)

1. Corporation Name
APSB HOMES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/18/1969	3a. Date of Last Report 03/23/1994
4. FEI Number 59-1315303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 245 PEACHTREE CENTER AVE SUITE 1100 ATLANTA GE 30303 US		2a. Mailing Address 245 PEACHTREE CENTER AVE SUITE 1100 ATLANTA GE 30303 US	
21. Suits, Apt. #, etc.	26. Suits, Apt. #, etc.	22. City & State	28. City & State
23. Zip	29. Zip	24. Country	30. Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1. Name	
B2. Street Address (P.O. Box Number is Not Acceptable)	700001452067
B3. Date of Registration	-04/10/95 --01045 --004
B4. City	****208.75 ****208.75 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. 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMART, ROBERT O.	1.2 NAME	C. Lloyd Hixson
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	1.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY - ST - ZIP	ATLANTA GE	1.4 CITY - ST - ZIP	Atlanta, GA. 30303
TITLE	DVP	2.1 TITLE	D/V P/A S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRICKLAND, EDD	2.2 NAME	J. Michael Bargarier
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1100	2.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY - ST - ZIP	ATLANTA GE	2.4 CITY - ST - ZIP	Atlanta, GA. 30303
TITLE		3.1 TITLE	D/ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Richard Corisan
STREET ADDRESS		3.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Atlanta, GA. 30303
TITLE		4.1 TITLE	D/V P/A S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Lamar V. Hallinan
STREET ADDRESS		4.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Atlanta, GA. 30303
TITLE		5.1 TITLE	V P/A S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Deborah V. Chandler
STREET ADDRESS		5.3 STREET ADDRESS	245 Peachtree Center Ave. Ste. 1100
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Atlanta, GA. 30303
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(a), Florida Statutes. I further certify that the information indicated on this 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: C. Lloyd Hixson, President **4/18/95 (404) 230-6392**