

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F73654**

(8)

1. Corporation Name

REALTY ADVISERS CORP.

Principal Place of Business

**76 SOUTH LAURA STREET
JACKSONVILLE FL 32202**

Mailing Address

**76 SOUTH LAURA STREET
JACKSONVILLE FL 32202**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/25/1982** 3a. Date of Last Report **3/29/82** **04/11/1994**

4. FEI Number **59-2626306** 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

21 1776 American Heritage Life

Suite, Apt. #, etc.

22 Drive

City & State

23 Jacksonville, Florida

Zip

24 32224-6688

Country

25 USA

2a. Mailing Address

26 1776 American Heritage Life

Suite, Apt. #, etc.

27 Drive

City & State

28 Jacksonville Florida

Zip

29 32224-6688

Country

30 USA

9. Name and Address of Current Registered Agent

**VERLANDER, CHRIS A.
76 SOUTH LAURA STREET
JACKSONVILLE FL 32202**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1776 American Heritage Life Drive

83

84 City

Jacksonville

85 Zip Code

FL 32224-6688

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **VERLANDER, W.A.**
STREET ADDRESS **76 SOUTH LAURA STREET**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **VD**
NAME **VERLANDER, CHRIS A.**
STREET ADDRESS **76 SOUTH LAURA STREET**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **STD**
NAME **MOREHEAD, C. RICHARD**
STREET ADDRESS **76 SOUTH LAURA STREET**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE **CPD**
NAME **O'NEAL, DOUGLAS T.**
STREET ADDRESS **76 SOUTH LAURA STREET**
CITY - ST - ZIP **JACKSONVILLE FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **delete**

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**1776 American Heritage Life Drive
Jacksonville, Florida 32224-6688**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**1776 American Heritage Life Drive
Jacksonville Florida 32224-6688**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**1776 American Heritage Life Drive
Jacksonville, Florida 32224-6688**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**D
Healdn, W. Michael
1776 American Heritage Life Drive
Jacksonville, Florida 32224-6688**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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(2)(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 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:

Christopher A. Verlander

CHRISTOPHER A. VERLANDER

4/25/95

(904) 992-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number