

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000000540 (4)

1. Corporation Name

APS REALTY CORP.



Principal Place of Business

6005 GREEN ISLAND DR.
COLUMBUS GA 31904

Mailing Address

6005 GREEN ISLAND DR.
COLUMBUS GA 31904

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/04/1994

3a. Date of Last Report

04/10/1995

4. FEI Number

58-2077138

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

10. Name and Address of New Registered Agent

81. Name

~~MATTHEWS D SWIFT~~

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

~~6005 GREEN ISLAND DR.~~

83

~~COLUMBUS GA 31904~~

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. 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 (initials) Registered Agent signature required when replacing

3-25-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PHARR, ANNE P
STREET ADDRESS 311 PONTE VEDRA BLVD.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

DELETE

TITLE VD
NAME SWIFT, HENRY W
STREET ADDRESS 6696 WATERFORD DR.
CITY-ST-ZIP COLUMBUS GA 31904

DELETE

TITLE VD
NAME SWIFT, MATHEWS D
STREET ADDRESS 6005 GREEN ISLAND DR.
CITY-ST-ZIP COLUMBUS GA 31904

DELETE

TITLE TD
NAME SWIFT, T P
STREET ADDRESS 1890 HILTON AVE.
CITY-ST-ZIP COLUMBUS GA 31906

DELETE

TITLE SD
NAME PHILIPS, MARIANNA S
STREET ADDRESS 537 PONTE VEDRA BLVD.
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE/PHONE #

CR2E034 (12/95)