


FILED
Aug 05, 1999 8:00 am
Secretary of State

08-05-1999 90003 030 ***150.00

09-09-1999 90005 006 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000006307 1. Corporation Name FLORIDA APARTMENT HOLDINGS, INC.					
Principal Place of Business 813 NORTHSHORE DR, SUITE 201 KNOXVILLE TN 37919			Mailing Address 813 NORTHSHORE DR, SUITE 201 KNOXVILLE TN 37919		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
3. Date Incorporated or Qualified 12/01/1997			4. FEI Number 62-1719269		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No			8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. Name and Address of Current Registered Agent REINSCH, MARK A 200 W. FORSYTH ST, SUITE 1400 JACKSONVILLE FL 32202			10. Name and Address of New Registered Agent 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. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	CP	<input type="checkbox"/> DELETE			
NAME	REED, JOSEPH W				
STREET ADDRESS	813 NORTHSHORE DR, SUITE 201				
CITY-ST-ZIP	KNOXVILLE TN 37919				
TITLE	VCS	<input type="checkbox"/> DELETE			
NAME	HIGGINS, R. GARY				
STREET ADDRESS	813 NORTHSHORE DR, SUITE 201				
CITY-ST-ZIP	KNOXVILLE TN 37919				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	WILLINGHAM, RICHARD B				
STREET ADDRESS	813 NORTHSHORE DR, SUITE 201				
CITY-ST-ZIP	KNOXVILLE TN 37919				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	THIGPEN, CARL S				
STREET ADDRESS	8030 GREYSTONE GREEN				
CITY-ST-ZIP	BIRMINGHAM AL 35242				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(j), 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: _____		Date: 7/30/99		Daytime Phone #: 423-584-2360	

CR2E034 (5/99)