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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K54801** (1)
1. Corporation Name
THE APARTMENT COMPANY, INC.

Principal Place of Business Mailing Address
1000 RIVERSIDE AVENUE SUITE 312 JACKSONVILLE FL 32204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/22/1968** 3a. Date of Last Report **04/19/1994**
4. FEI Number **59-3002480** 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

21. Principal Place of Business **2215 River Boulevard** 25. Mailing Address **2215 River Boulevard**
22. Suite, Apt. #, etc. _____ 27. Suite, Apt. #, etc. _____
23. City & State **Jacksonville, Florida** 28. City & State **Jacksonville, Florida**
24. Zip **32204** 25. Country **USA** 29. Zip **32204** 30. Country **USA**

9. Name and Address of Current Registered Agent
**EDGERTON, JOHN S.
1000 RIVERSIDE AVENUE
SUITE 312
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent
B1 Name **Edgerton, Johns.**
B2 Street Address (P.O. Box Number is Not Acceptable) **2215 River Boulevard**
B3 _____
B4 City **Jacksonville** FL B5 Zip Code **32204**

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 *John Edgerton*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	EDGERTON, JOHN
STREET ADDRESS	1000 RIVERSIDE AVE
CITY, ST, ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	VPI0	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Anne R. Edgerton	
1.3 STREET ADDRESS	4038 Ortega Forest Drive	
1.4 CITY, ST, ZIP	Jacksonville, FL, 32210	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(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: *John Edgerton*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95

904/3895430