

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Feb 07 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # K54801**

**(1)**

1. Corporation Name  
**THE APARTMENT COMPANY, INC.**



Principal Place of Business

Mailing Address

**2215 RIVER BLVD  
 JACKSONVILLE FL 32204  
 US**

**2215 RIVER BLVD  
 JACKSONVILLE FL 32204-4647  
 US**

3. Date Incorporated or Qualified

**12/22/1988**

3a. Date of Last Report

**01/26/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite Apt # etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

**59-3002480**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

**EDGERTON, JOHN S  
 2215 RIVER BLVD  
 JACKSONVILLE FL 32204**

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

Signature typed in full name of registered agent and the 1 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 NAME **PD EDGERTON, JOHN**  
 STREET ADDRESS **2215 RIVER BLVD.**  
 CITY- ST- ZIP **JACKSONVILLE FL**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY- ST- ZIP

TITLE  DELETE  
 NAME **VD EDGERTON, ANNE R**  
 STREET ADDRESS **4038 ORTEGA FOREST DRIVE**  
 CITY- ST- ZIP **JACKSONVILLE FL 32210**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY- ST- ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY- ST- ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY- ST- ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY- ST- ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 amendment with an address.

**SIGNATURE:**

*John S. Edgerton*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/3/97*  
 Date

*904/3895430*  
 Daytime Phone #

CR2E034 (9/96)