

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Candra B. Myrland  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K67754 (7)**

1. Corporation Name  
**AMERICAN REALTY PROFESSIONALS, INC.**

Principal Place of Business Mailing Address  
**HCR 1 BOX 121E HAMPTON FL 32044 US** **P O BOX 338 STARKE FL 32091-338 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/23/1989** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FFI Number		Appraised For	
21		26		<b>59-2938978</b>		Not Applicable	
Sub: Apt. #, etc.		Sub: Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation has liability for intangible tax under S. 199.032 Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip		Country		24		25	
				29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BLACKBURN, BRYAN E. 1921 DEWEY PL JACKSONVILLE FL 32207</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				<b>FL</b>			

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 of Registered Agent or Registered Agent) \_\_\_\_\_ (Signature of Registered Agent or Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, WILLIAM GLENN	12 NAME	
STREET ADDRESS	HCR 1 BOX 121 E	13 STREET ADDRESS	
CITY, ST, ZIP	HAMPTON FL	14 CITY, ST, ZIP	
15 TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME		22 NAME	
17 STREET ADDRESS		23 STREET ADDRESS	
18 CITY, ST, ZIP		24 CITY, ST, ZIP	
19 TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME		32 NAME	
21 STREET ADDRESS		33 STREET ADDRESS	
22 CITY, ST, ZIP		34 CITY, ST, ZIP	
23 TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME		42 NAME	
25 STREET ADDRESS		43 STREET ADDRESS	
26 CITY, ST, ZIP		44 CITY, ST, ZIP	
27 TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME		52 NAME	
29 STREET ADDRESS		53 STREET ADDRESS	
30 CITY, ST, ZIP		54 CITY, ST, ZIP	
31 TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		62 NAME	
33 STREET ADDRESS		63 STREET ADDRESS	
34 CITY, ST, ZIP		64 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 199.032(3)(b), Florida Statutes. I further certify that the information indicates on the 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or correct attachment with an address.

SIGNATURE: **WILLIAM GLENN JOHNS**  
SIGNATURE AND AFFIXED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/28/95 914-468-2585