

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/30: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 JUL -7 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P13706 (7)**  
1. Corporation Name  
**RULEME PLACE APARTMENTS, INC.**

Principal Place of Business Mailing Address  
**2088 IDLEWOOD ROAD, #5 TUCKER GA 30084** **2088 IDLEWOOD ROAD, #5 TUCKER GA 30084**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
21 **2808 Ruleme Street** 26 **510 Vonderburg Dr.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 Suite 3002 27 **Suite 3002**  
City & State City & State  
23 **Eustis, Florida** 28 **Brandon, Florida**  
Zip Country Zip Country  
24 **32726** 25 **Lake** 29 **33511** 30 **Hillsborough**

3. Date Incorporated or Qualified **03/20/1987** 3a. Date of Last Report **03/03/1994**  
4. FEI Number **58-1715465** 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 a. 189.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
81 Name **David R. Vaughan**  
82 Street Address (P.O. Box Number is Not Acceptable) **510 Vonderburg Dr.**  
83 **Suite 3002**  
84 City **Brandon** 85 Zip Code **FL 33511**

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 David R. Vaughan DATE 6-8-95  
Signature, typed or printed name of registered agent and fee # (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>
NAME	<b>WATSON, MARY H.</b>
STREET ADDRESS	<b>2088 IDLEWOOD ROAD, S-5</b>
CITY-ST-ZIP	<b>TUCKER GA</b>
TITLE	<b>VSD</b>
NAME	<b>LINDSEY, ALAN W.</b>
STREET ADDRESS	<b>2088 IDLEWOOD ROAD, S-5</b>
CITY-ST-ZIP	<b>TUCKER GA</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President/Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>O. Stuart Brown</b>
1.3 STREET ADDRESS	<b>510 Vonderburg Dr., Suite 3002</b>
1.4 CITY-ST-ZIP	<b>Brandon, Florida 33511</b>
2.1 TITLE	<b>Vice President/Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Nancy F. Vaughan</b>
2.3 STREET ADDRESS	<b>510 Vonderburg Dr., Suite 3002</b>
2.4 CITY-ST-ZIP	<b>Brandon, Florida 33511</b>
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 do 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)(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, as changed, or on an attachment with an address.

SIGNATURE: O. Stuart Brown DATE 8/3-657-4184  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (3-95)