

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PH 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068438 (9)

1. Corporation Name

APARTMENT STORE, INC.

Principal Place of Business

5230-B BAYMEADOWS RD
JACKSONVILLE FL 32217

Mailing Address

P.O. BOX 23082
JACKSONVILLE FL 32241-3682

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3203147

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

INMAN, CARL R
7703 HARE AVENUE
JACKSONVILLE FL 32211

81. Name

~~CARL R~~ SAME

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 of Registered Agent or Registered Agent who filed this report)

(NOTE: Registered Agent signature required after 10/1/93)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE PD
NAME INMAN, CARL R
STREET ADDRESS 115 ORANGE ST
CITY ST ZIP NEPTUNE BEACH FL

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY ST ZIP

☐ Change ☐ Addition

TITLE ST
NAME KEE, DARLA M
STREET ADDRESS 2465 BISHOP ESTATES RD
CITY ST ZIP JACKSONVILLE FL

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY ST ZIP

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

4-27-95 (904) 739-7007