

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:29

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000069006**

1. Corporation Name

Atlas Realty, Inc.

Principal Place of Business

Mailing Address

900 University Blvd. N. Suite 202
Jacksonville, FL. 32211

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
September 18, 1994

3a. Date of Last Report
N/A

4. FEI Number
59-3268777

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

7. This corporation has liability for intangible tax under S. 199 (3)(2),
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21900 University Blvd N.

26 SAME

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Suite 202

27

City & State

City & State

23 Jacksonville, FL.

28

Zip

Country

Zip

Country

24 32211

25 U.S.A.

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Watson & Osborne
Lee S. Osborne
6825 Lillian Rd.
Jacksonville, FL. 32211

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 or printed name of registered agent and term if applicable

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**President, Secretary, Treasurer
David Farmer
1917 Layton Rd.
Jacksonville, FL. 32211**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
**No longer an officer
Nora Farmer
1917 Layton Rd
Jacksonville, FL. 32211**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
**900001438199
-05/24/95--01059 018
*****200.00 *****200.00**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
5/1/95 N/A

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP

REMITTED BY MAY 1

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 119.07(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 as an attachment with an address.

SIGNATURE:

David Farmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19, 1995 904-743-4600

Date

Telephone Number