

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **149954** (0)
1. Corporation Name
H.B. ADAMS, INC.



Principal Place of Business: **H B ADAMS 5507 E. CHELSEA STREET TAMPA FL 33610**
Mailing Address: **H B ADAMS 5507 E. CHELSEA STREET TAMPA FL 33610**

2. Principal Place of Business: **21 5118 No. 50th St. Ste #140 Tampa, Florida 33610 Hillsborough**
2a. Mailing Address: **26 74 Bahama Circle Tampa, Florida 33606 Hillsborough**

3. Date Incorporated or Qualified: **01/01/1947** 3a. Date of Last Report: **02/28/1995**
4. FEI Number: **59-0564735** Applied For Not Applicable
5. Certificate of Status Declared: **\$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. 193.032, Florida Statutes: Yes No
9. Name and Address of Current Registered Agent
10. Name and Address of New Registered Agent

**ADAMS, B.W.
5507 E CHELSEA ST
TAMPA FL 33610**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **74 Bahama Circle**
83
84 City: **Tampa** FL 85 Zip Code: **33606**

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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	ADAMS, B W	STREET ADDRESS	74 BAHAMA CIRCLE	CITY-ST-ZIP	TAMPA FL	<input type="checkbox"/> DELETE
TITLE	S	NAME	STANTON, H J	STREET ADDRESS	2207 E KEYSVILLE RD	CITY-ST-ZIP	LITHIA FL	<input type="checkbox"/> DELETE
TITLE	VD	NAME	ROBERTS, JOHN V.	STREET ADDRESS	1430 WILLIAMS ROAD	CITY-ST-ZIP	LUTZ FL	<input type="checkbox"/> DELETE
TITLE	Vice-Pres.	NAME	Adams, Shirley L.	STREET ADDRESS	74 Bahama Circle	CITY-ST-ZIP	Tampa, Fl 33606	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.4 STREET ADDRESS	
3.5 CITY-ST-ZIP	
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6. 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered agent or a person authorized by the corporation 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 attached sheet with an address.

SIGNATURE: *Bruce W Adams*
SIGNATURE (TYPE, PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
Bruce W Adams

3/21/96 8136267222

CP2E034 (12/95)