


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90114 046 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 149954

1. Corporation Name
H.B. ADAMS, INC.



Principal Place of Business 5118 NORTH 50TH STREET SUITE 140 TAMPA FL 33610 US	Mailing Address 74 BAHAMA CIRCLE TAMPA FL 33606 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	5118 North 56th Street	26	74 BAHAMA CIRCLE	01/01/1947	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Ste 140	27		59-0564735	
City & State		City & State		Applied For	
23	Tampa, FL	28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	
24	33610	25	US	<input type="checkbox"/> \$8.75 Additional Fee Required	
g. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution	
ADAMS, B.W.		81 Name		<input type="checkbox"/> \$5.00 May Be Added to Fees	
74 BAHAMA CIRCLE		82 Street Address (P.O. Box Number is Not Acceptable)		8. This corporation owes the current year Intangible Personal Property Tax.	
TAMPA FL 33606		83		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		84 City			
		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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, B W	1.2 NAME	
STREET ADDRESS	74 BAHAMA CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, H J	2.2 NAME	
STREET ADDRESS	2207 E KEYSVILLE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LITHIA FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, JOHN V.	3.2 NAME	
STREET ADDRESS	1430 WILLIAMS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, SHIRLEY L.	4.2 NAME	
STREET ADDRESS	74 BAHAMA CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: 3/16/99 DAYTIME PHONE #: (813) 626-7222

CR2E034 (1/1/98)