

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 688563

(6)

1. Corporation Name

ADAMS INVESTMENT GROUP, INC.

Principal Place of Business

**POST OFFICE BOX 216
DESTIN FL 32540**

Mailing Address

**POST OFFICE BOX 216
DESTIN FL 32540**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/23/1980

3a. Date of Last Report

04/15/1994

2. Principal Place of Business

21 5160 HIGHWAY 98 EAST

2a. Mailing Address

26

4. FEI Number

-50-2027340 64-0655418

Applied For

Not Applicable

Suite, Apt. #, etc.

22 SUITE 12

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23 DESTIN

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

24 32541

Country

25 OKLAHOMA

Zip

29

Country

30

9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADAMS, JAMES F
5160 HIGHWAY 98E, SUITE 12
DESTIN FL 32541**

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 title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
ADAMS, JAMES F.
115 INDIAN BAYOU DRIVE
DESTIN FL 32541**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
ADAMS, J. R., SR.
604 TYLER PLACE #6
OXFORD MS 38655**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
ADAMS, PEGGY HARRIS
115 INDIAN BAYOU DRIVE
DESTIN FL 32541**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

James F. Adams
Signature and typed or printed name of signing officer or director

4-27-95

904-837-3145

Date

Telephone Number