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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P94000086323 (0)

1. Corporation Name
AD SPECIALTIES, INC.

Principal Place of Business
~~600 SOUTH BARRACKS, NUMBER 202~~
PENSACOLA FL 32501

Mailing Address
~~600 SOUTH BARRACKS, NUMBER 202~~
PENSACOLA FL 32501-6000

Address Change

3. Date Incorporated or Qualified: 11/23/1994
3a. Date of Last Report: 03/19/1996

2. Principal Place of Business
21 804 S. PALAFOX ST
Suite, Apt. #, etc
22
City & State
23 PENSACOLA, FL
Zip 24 32501 Country 25 US

2a. Mailing Address
26 804 S. PALAFOX ST
Suite, Apt. #, etc.
27
City & State
28 PENSACOLA, FL
Zip 29 32501 Country 30 US.

4. FEI Number: 59-3280602 — 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

9. Name and Address of Current Registered Agent
BRETT, ANN J
~~600 SOUTH BARRACKS, NUMBER 202~~
PENSACOLA FL 32501

Address Change Only

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
804 S. PALAFOX ST.
83
84 City PENSACOLA FL 85 Zip Code 32501

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 Ann Brett ANN BRETT SEC/TRES 4/26/97
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 ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RUSSENBERGER, VALERIE J	1.2 NAME	
STREET ADDRESS	10 PORT ROYAL WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRETT, ANN J	2.2 NAME	
STREET ADDRESS	10 PORT ROYAL WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Ann Brett ANN BRETT 4/26/97

CR2E034 (9/96)