

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000008720

**Entity Name:** ADAMS & GRIGGS, P.A.

**Current Principal Place of Business:**

1330 NW 6TH STREET  
SUITE D  
GAINESVILLE, FL 32601

**Current Mailing Address:**

POST OFFICE BOX 5988  
GAINESVILLE, FL 32627 US

**FEI Number:** 46-4677147

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ADAMS, NAJAH N  
4634 NE 16TH TERRACE  
GAINESVILLE, FL 32609 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	ADAMS, NAJAH N	Name	GRIGGS, SUMMER L
Address	PO BOX 5988	Address	PO BOX 5988
City-State-Zip:	GAINESVILLE FL 32627	City-State-Zip:	GAINESVILLE FL 32627

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NAJAH N. ADAMS

**PRESIDENT**

**04/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date