

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000020179

**Entity Name:** ADAMS FOLIAGE, INC.

**Current Principal Place of Business:**

1680 CARR STREET  
DELAND, FL 32720

**FILED**  
**Apr 26, 2016**  
**Secretary of State**  
**CC8083326989**

**Current Mailing Address:**

1680 CARR STREET  
DELAND, FL 32720 US

**FEI Number: 47-3334373**

**Certificate of Status Desired: Yes**

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

ADAMS, RALPH  
1680 CARR STREET  
DELAND, FL 32720 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  
Name ADAMS, RALPH  
Address 1680 CARR STREET  
City-State-Zip: DELAND FL 32720

Title S  
Name ADAMS, RALPH  
Address 1680 CARR STREET  
City-State-Zip: DELAND FL 32720

Title T  
Name ADAMS, RALPH  
Address 1680 CARR STREET  
City-State-Zip: DELAND FL 32720

Title D  
Name ADAMS, RALPH  
Address 1680 CARR STREET  
City-State-Zip: DELAND FL 32720

*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: IRA RALPH ADAMS**

**PRESIDENT**

**04/26/2016**

Electronic Signature of Signing Officer/Director Detail

Date