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

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 153520 (2)

1. Corporation Name
**ADSONS, INC.**

Principal Place of Business
5050 EDGEWOOD CT
JACKSONVILLE FL 32254

Mailing Address
5050 EDGEWOOD CT
JACKSONVILLE FL 32254

3. Date Incorporated or Qualified: 12/22/1947
3a. Date of Last Report: 03/20/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 2088
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, Fl
Zip 29 32203 Country 30 Duval

4. FEI Number: 59-6078065 — 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
SKELTON, H.J.
5050 EDGEWOOD COURT
JACKSONVILLE FL 32254

10. Name and Address of New Registered Agent
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's signature required before recording — DATE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | CPD | ☒ DELETE |
| NAME | DAVIS, A D | |
| STREET ADDRESS | 5050 EDGEWOOD COURT | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | VDAS | ☐ DELETE |
| NAME | DAVIS, ROBERT D | |
| STREET ADDRESS | 5050 EDGEWOOD COURT | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | ATS | ☐ DELETE |
| NAME | BISHOP, G.P., JR. | |
| STREET ADDRESS | 5050 EDGEWOOD COURT | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | VTD | ☐ DELETE |
| NAME | SKELTON, H.J. | |
| STREET ADDRESS | 5050 EDGEWOOD COURT | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | VAS | ☐ DELETE |
| NAME | FRANCIS, H. D. | |
| STREET ADDRESS | 5050 EDGEWOOD COURT | |
| CITY-ST-ZIP | JACKSONVILLE FL | |
| TITLE | | ☐ DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | DV | ☐ Change ☒ Addition |
| 1.2 NAME | DAVIS, L.W. | |
| 1.3 STREET ADDRESS | ONE RIVERFRONT PLAZA STE 1404 | |
| 1.4 CITY-ST-ZIP | LOUISVILLE, KY | |
| 2.1 TITLE | DC | ☒ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | V | ☐ Change ☒ Addition |
| 6.2 NAME | CLOWE, D.C. | |
| 6.3 STREET ADDRESS | 5050 EDGEWOOD COURT | |
| 6.4 CITY-ST-ZIP | JACKSONVILLE, FL | |

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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 119.07(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:** G.P. Bishop Jr. — G.P. Bishop, Jr. — 4-1-96 — (904) 783-5314
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #