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FILED
May 06 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 # **153520** **(2)**

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

| Principal Place of Business | Mailing Address |
|---|---|
| 5050 EDGEWOOD CT<br>JACKSONVILLE FL 32254 | P.O. BOX 2088<br>JACKSONVILLE FL 32203-2088 |

| | |
|---|---|
| 2. Principal Place of Business<br>21 4310 Pablo Oaks Court | 2a. Mailing Address<br>26 P.O. Box 19366 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Jacksonville, FL | City & State<br>28 Jacksonville, FL |
| Zip / Country<br>24 32224 25 | Zip / Country<br>29 32245-9366 30 |

3. Date Incorporated or Qualified: **12/22/1947**
3a. Date of Last Report: **03/30/1996**
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): 4310 Pablo Oaks Court
83
84 City: Jacksonville **FL** 85 Zip Code: 32224

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 _____ DATE _____
Signature, typed or printed name of registered agent and title of officer (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | VD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DAVIS, L.W. | | 1.2 NAME | | |
| STREET ADDRESS | ONE RIVERFRONT PLAZA SUITE 1404 | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LOUISVILLE KY | | 1.4 CITY-ST-ZIP | | |
| TITLE | CD | ☐ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | DAVIS, ROBERT D | | 2.2 NAME | | |
| STREET ADDRESS | 5050 EDGEWOOD COURT | | 2.3 STREET ADDRESS | 4310 Pablo Oaks Court | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | ATS | ☐ DELETE | 3.1 TITLE | | ☒ Change ☐ Addition |
| NAME | BISHOP, G.P., JR. | | 3.2 NAME | | |
| STREET ADDRESS | 5050 EDGEWOOD COURT | | 3.3 STREET ADDRESS | 4310 Pablo Oaks Court | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | VTD | ☐ DELETE | 4.1 TITLE | | ☒ Change ☐ Addition |
| NAME | SKELTON, H.J. | | 4.2 NAME | | |
| STREET ADDRESS | 5050 EDGEWOOD COURT | | 4.3 STREET ADDRESS | 4310 Pablo Oaks Court | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | VAS | ☐ DELETE | 5.1 TITLE | | ☒ Change ☐ Addition |
| NAME | FRANCIS, H. D. | | 5.2 NAME | | |
| STREET ADDRESS | 5050 EDGEWOOD COURT | | 5.3 STREET ADDRESS | 4310 Pablo Oaks Court | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 6.1 TITLE | | ☒ Change ☐ Addition |
| NAME | CLOWE, D.C. | | 6.2 NAME | | |
| STREET ADDRESS | 5050 EDGEWOOD CT | | 6.3 STREET ADDRESS | 4310 Pablo Oaks Court | |
| CITY-ST-ZIP | JACKSONVILLE FL 32254 | | 6.4 CITY-ST-ZIP | | |

CR2E034 (9/96)

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: H. J. Skelton DATE: 4-17-97