

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90091 022 ***150.00

DOCUMENT # 162659

1. Corporation Name
ADRIANA CORPORATION

Principal Place of Business
500 N. MAITLAND AVENUE
SUITE 107
MAITLAND FL 32751

Mailing Address
500 N. MAITLAND AVENUE
SUITE 107
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1950

4. FEI Number
59-6057531

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 35543 Estes Road
Suite, Apt. #, etc.

22 Eustis, FL 32736
City & State

23 32736 USA
Zip Country

24

2a. Mailing Address

26 P.O. Box 1946
Suite, Apt. #, etc.

27 Eustis, FL
City & State

28 32727 USA
Zip Country

29

30

9. Name and Address of Current Registered Agent

CLOUD, JERRY
1518 CHIPPEWA TRAIL
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

35543 Estes Road

83

84 City Eustis,

FL 85 Zip Code 32736

11. Pursuant to the provisions of Sections 607.0501 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]

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME CLOUD, JERRY D
STREET ADDRESS 1581 CHIPPEWA TRAIL
CITY-ST-ZIP MAITLAND FL

TITLE VTD ☐ DELETE
NAME EGGER, J HUNT
STREET ADDRESS 104 GIBSON ROAD
CITY-ST-ZIP LOUISVILLE KY 40207

TITLE CD ☐ DELETE
NAME MCELHINNY, WILSON D
STREET ADDRESS 198 PINETOWN RD
CITY-ST-ZIP LEOLA PA

TITLE SD ☐ DELETE
NAME LANGE, VICTORIA E
STREET ADDRESS 1017 CARDINAL DRIVE
CITY-ST-ZIP LOUISVILLE KY 40213

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 35543 Estes Road
1.4 CITY-ST-ZIP Eustis, FL 32736

2.1 TITLE ☐ 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 138 Lake Creek Meadow Road
3.4 CITY-ST-ZIP Ketchum, ID 83340

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 723 Danes Hall Drive
4.4 CITY-ST-ZIP Louisville, KY 40206

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry D. Cloud 4-23-99 (352)589-8820

Date

Daytime Phone #

CR2E034 (11/98)

0074847