

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 PH 4:12

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 193108

(8)

1. Corporation Name

GEORGE E. ADAMS INC.

Principal Place of Business

**3031 CLEVELAND AVE
FT MYERS FL 33901**

Mailing Address

**2021 CLEVELAND AVE
FT MYERS FL 33901**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/14/1956

3a. Date of Last Report

07/20/1994

4. FEI Number

59-0782042

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

2. Principal Place of Business

21 2180 W. First Street

2a. Mailing Address

26 2180 W. First St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 212

27 212

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ADAMS, DANIEL F.

**2021 CLEVELAND AVE
FT MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name

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

2180 W. First Street, # 212

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 signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
ADAMS, DANIEL F.
1250 GASPARILLA DR.
FT MYERS, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
ADAMS, LEAH
944 N TOWN & RIVER DRIVE
FT. MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
ADAMS, GEORGE E.
944 N-TOWN & RIVER DRIVE
FT. MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ASD
STEWART, WILLIAM L.
1230 CARLENE AVENUE
FT MYERS, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

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

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

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 or Block 14, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Daniel F. Adams

(Date)

4/13/95

Signature Text #

813/034-3334