

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 # 193108 (8)

1. Corporation Name  
GEORGE E. ADAMS INC.



Principal Place of Business

2180 W. FIRST STREET  
#212  
FT MYERS FL 33901  
US

Mailing Address

2180 W. FIRST ST.  
#212  
FT MYERS FL 33901  
US

3. Date Incorporated or Qualified  
05/14/1956

3a. Date of Last Report  
04/19/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-0782042

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$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

ADAMS, DANIEL F.  
2180 W. FIRST STREET, #212  
FT MYERS FL 33901

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 below of registered agent of the corporation.

(If only Registered Agent's signature required when terminating.)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME  
STEWART, WILLIAM L.  
STREET ADDRESS  
1239 CARLENE AVENUE  
CITY-ST-ZIP  
FT MYERS, FL 00000

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

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 1996 (941)  
334-3334  
Date Day/Time Phone #

CR2E034 (12/95)