SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Sep 19 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # 193108 (8)GEORGE E. ADAMS INC. Principal Place of Business Mailing Address 2180 W. FIRST STREET 2180 W. FIRST ST. DO NOT WRITE IN THIS SPACE FT MYERS FL 33901 FT MYERS FL 33901 US 3. Date Incorporated or Qualified 3a. Date of Last Report 05/14/1956 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 59-0782042 Not Applicable Sulte, Apt. #, etc. Suite, Apl. # etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Zφ Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ADAMS, DANIEL F. 2180 W. FIRST STREET, #212 82 Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33901 83 84 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 Stonature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition TITLE DELETE 1.1 TITLE Change ADAMS, DANIEL F. NAME 1.2 NAME 1250 GASPARILLA DR STREET ADDRESS 1.3 STREET ADDRESS FT MYERS, FL 00000 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change noititbA TITLE 2.1 TITLE ADAMS, LEAH NAME 2.2 NAME 944 N TOWN & RIVER DRIVE STREET ADDRESS 2.3 STREET ADDRESS FT. MYERS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE ADAMS, GEORGE E. NAME 3.2 NAME 944 N TOWN & RIVER DRIVE STREET ADDRESS 3.3 STREET ADDRESS FT. MYERS FL CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE Change TITLE ASD 4.1 TITLE Addition STEWART, WILLIAM L. NAME 4. 2 NAME 1239 CARLENE AVENUE STREET ADDRESS 4.3 STREET ADDRESS FT MYERS, FL 00000 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME

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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 eath; that I am an officer or director of the corporation or the ecciver 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 I changed, or on an attachment with an address. Daniel F. Adams

STREET ADDRESS CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 City-ST-ZIP