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

Mailing Address P.O. BOX 5

PINELLAS PARK FL 33780

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 222546 1. Corporation Name

Principal Place of Business

5805 PARK BLVD. PINELLAS PARK FL 34665

ADAMEK BUILDERS SUPPLY, INC.

US		US	•				1	DO NOT WAI	IE IN IUIO	SPACE			
							3	3. Date Incorporated or Qualifed 04/13/1959					
2. Principal Place of Business			. Mailing Address				4. FEI Number			Applied For			
11						59-0868430				Not	Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired						
City & State			City & State				١,	6. Election Campaign Financing		\$5.	<b>00</b> M	lay Be	
23		28	•				`	Trust Fund Contribution	_ 🗆		led to		
Zip	Country	-	Zip	Coun	try		7	8. This corporation owes the curr	ent year Int	angible			
4 3 3 7 8 1 25			9 30				Personal Property Tax. ☐ Yes ☐ No						
	9. Name and Address of Current	Regi	stered Agent				10	0. Name and Address of New F	Registered	Agent			
AD4	MEK JOHN				B1	Name							
ADAMEK, JOHN			82 S			Street Addre	eet Address (P.O. Box Number is Not Acceptable)						
5805 PARK BOULEVARD													
PO BOX 5 Pinellas Park Fl 34664			8										
PINELLAS PAINT IL STOOT					B4	City	FL		85 Zip Code				
	to the provisions of Sections 607.0502		207 4500 El-d- Ct-tut-	*bo =b		named corns	o coti	ion submits this statement for the		changin.	ا روا n its re	oistered	
office or r	to the provisions of Sections 607.0302 registered agent, or both, in the State of m familiar with, and accept the obligation	f Flori	ida. Such change was autr	norized	by 1	tne corporatior	on's	board of directors. I hereby acce	ot the appoi	ntment a	is regi	stered	
SIGNATURE	Signature, typed or printed name of registered agent a	and title	if applicable. (NOTE: Re	egistered A	gent	t signature required	d wher	n reinstating)	DATE				
12. OFFICERS AND								ADDITIONS/CHANGES TO OF	FICERS AN	ID DIRE	CTOR	S IN 12	
TITLE	PD		DELETE	1.1 TITL	E			· ·	. — :	Cha	nge	☐ Addition	
NAME	ADAMEX, JOHN		1.2 N		E								
STREET ADDRESS	5805 PARK BLVD.		1.3 \$			.3 STREET ADDRESS						ļ	
CITY-ST-ZIP	PINELLAS PARK FL				1.4 CITY-ST-ZIP								
TITLE	VSD		☐ DELETE 2.1		.1 TITLE					Cha	nge	☐ Addition	
NAME	ADAMEK, BETTY			2.2 NAA	Æ						•	.	
STREET ADDRESS				2.3 STF	EET	ADDRESS						. 1	
CITY-ST-ZIP	PINELLAS PARK FL			2. 4 CIT	Y-\$	T-ZIP							
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NAME				3.2 NA	Æ			* .				ļ	
STREET ADDRESS				3.3 STR	EET	ADDRESS						1	
CITY-ST-ZIP				3.4. CIT		T-ZIP			<del></del>	- Cha		Addition	
TITLE			☐ DELETE	4.1 TIT				•		☐ Cha	nge	Addition	
NAME				4.2 NA	_			•				{	
STREET ADDRESS				_		ADDRESS		•				1	
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NAME						ADDRESS							
STREET ADDRESS	1			0.3 511	\CC!	ADURESS						ł	

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 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 12 if changes, or on an attachment with an address. With all other like empowered. ₹ SIGNATURE:

March 12,

**FILED** 

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90100 042 \*\*\*150.00