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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10:17

DOCUMENT # 394458 (4)

1. Corporation Name
A & D PRODUCTS, INC.

Principal Place of Business	Mailing Address
3100 S. UNIVERSITY DR. MIRAMAR FL 33025	3100 S. UNIVERSITY DR. MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/21/1972
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business
21: 3222 N. MAIN ST
22 Suite, Apt. #, etc.
22 City & State: GAINESVILLE FL
23 City & State
24 Zip: 32609
25 Country: ALACHUA

2a. Mailing Address
26: 10630 N.E
27 Suite, Apt. #, etc.: WALDO ROAD
28 City & State: GAINESVILLE FL
29 Zip: 32609
30 Country: ALACHUA

4. FEI Number: 59-1371687 ☐ 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

9. Name and Address of Current Registered Agent

SCHROEDER, ALLEN A.
3100 S. UNIVERSITY DR.
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 10630 NE WALDO ROAD
83
84 City: GAINESVILLE FL 85 Zip Code: 32609

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] ALLEN A. SCHROEDER PRES 1-26-95
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHROEDER,ALLEN A.	1.2 NAME		
STREET ADDRESS	5790 CASTLEGATE AVENUE	1.3 STREET ADDRESS	10630 NE WALDO RD	
CITY-ST-ZIP	DAVIE FL	1.4 CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHROEDER, SUE F.	2.2 NAME		
STREET ADDRESS	5790 CASTLEGATE AVENUE	2.3 STREET ADDRESS	10630 NE WALDO RD	
CITY-ST-ZIP	DAVIE FL	2.4 CITY-ST-ZIP	GAINESVILLE FL 32609	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] ALLEN A SCHROEDER PRES 1-26-95 904-371-4251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007617 CP