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

CORPORATION ANNUAL REPORT **1995**

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

**APPROVED AND FILED**

95 APR 19 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **400635** **(9)**

1. Corporation Name

**ADAMS & ADAMS ENTERPRISES, INC**

| Principal Place of Business | Mailing Address |
|---|---|
| ~~2021 CLEVELAND AVE~~<br>FT MYERS FL 33901 | ~~2021 CLEVELAND AVE~~<br>FT MYERS FL 33901 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/26/1972
3a. Date of Last Report: 07/19/1994

2. Principal Place of Business
21: 2180 W. First Street
22 Suite, Apt. #, etc.: 212
23 City & State: Ft Myers FL
24 Zip: 33901 25 Country:

2a. Mailing Address
26: 2180 W. First St
27 Suite, Apt. #, etc.: 212
28 City & State: Ft Myers FL
29 Zip: 33901 30 Country:

4. FEI Number: 59-1409257 ☐ 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

**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 St, Suite 212
83:
84 City: Ft. Myers FL 85 Zip Code: 33901

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | SD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | STEWART, WILLIAM L | 1.2 NAME | |
| STREET ADDRESS | 1239 CARLENE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | PVT | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | ADAMS, DANIEL F | 2.2 NAME | |
| STREET ADDRESS | 1250 GASPARILLA DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | C | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | ADAMS, GEORGE E | 3.2 NAME | |
| STREET ADDRESS | 944 N TOWN & RIVER DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | ADAMS, DANIEL F | 4.2 NAME | |
| STREET ADDRESS | 1250 GASPARILLA DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT MYERS, FL 00000 | 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] Daniel F. Adams 4-13-95 813/334-3334
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0618000 CP