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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 422070

(3)

JOHN C. ADAMS, INC.

FILED
Apr 14 1997 8:00am
Secretary of State



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Principal Pla	ce of Business	Mailing Address			e inden denie tidit iffit antr	i 1891) 991 911	#11 #1 # 11 #1613 #	/W)1 W1W11 1	Biffit 48 fit
2300 TALLY ROAD JOHN C. ADAMS LEESBURG FL 34728 05128 MOCKING									
LEESBURG FI	L 34728	05128 MOCKINGBIRD LA FRUITLAND PARK FL 34							
03		US	*/01-0111		3. Date Incorporated or C	ualified	3a. Date o	Last P	leport
					03/27/1973		04/09/		
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number		<u> </u>		polied For
21		26			59-1493356				ot Applicable
Suite, Ap	t #, etc.	Suite, Apt. #, etc.					\$	<u> </u>	Additional
2		27			5. Certificate of Status De	isiied		Fee Re	equired
City & Sta	ile	City & State			6. Election Campaign Fin	ancing		\$5.00	May Be
3		28			Trust Fund Contribution				to Fees
Zip	Country	Zφ	Count	ry	8. This corporation has list				. 199.032,
4	[25]	29	30		Florida Statutes		Yes N		
	9, Name and Address of Curre	ent vedisteled Agent	R	1 Name	10. Name and Address o	New Regi	stelen võe	At .	
	AMS, JOHN C		"	TVAILE.					
_	128 MOCKINGBIRD LN.		B	2 Street Add	lress (P.O. Box Number is Not	Acceptable	3)		
FR	UITLAND PARK FL 34731		8						
			0	"					
			8	4 City			_ , 8	5 Zip	Code
							<u>FL</u>	ــــــــــــــــــــــــــــــــــــــ	
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agent. I	am familiar with, and accept the obli-	gations of Section 607.0505,	Florida Statut	es.					•
SIGNATURE									
DIGITATION									
	Signature, typed or printed name of orgistered as			gent signature requ	ired when reinstating)	TO OFFICE	DATE	reter	3C IN 10
12.	OFFICERS AT	ND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ired when reinstaling) ADDITIONS/CHANGES	TO OFFICE	RS AND DI		
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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 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 chapted, or op an abachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME

OF SIGNING OFFICER OR DIRECTOR

april 9, 1997 352 326-3008