

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **489731** (0)

1. Corporation Name:  
**LONNIE D. ADAMS BUILDING CONTRACTOR, INC.**



Principal Place of Business: **245 EAST PARK AVENUE LAKE WALES FL 33853**  
Mailing Address: **245 EAST PARK AVENUE LAKE WALES FL 33853**

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22 State, Apt. #, etc.: 27 Suite, Apt. #, etc.:  
23 City & State: 28 City & State:  
24 Zip: 25 Country: 29 Zip: 30 Country:

3. Date Incorporated or Qualified: **11/18/1975**  
3a. Date of Last Report: **04/20/1995**  
4. FCI Number: **59-1641449** 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, LONNIE D  
245 E PARK AVE  
LAKE WALES, FLORIDA  
33853**

10. Name and Address of New Registered Agent

81 Name:  
82 Street Address (P.O. Box Number is Not Acceptable):  
83  
84 City: **FL 85** Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1501, 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 of the person or persons acting as the registered agent.

Signature of the Agent or person authorized to file.

Date

12. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | PDS                  | <input type="checkbox"/> DELETE |
| NAME           | ADAMS, LONNIE D      |                                 |
| STREET ADDRESS | 245 EAST PARK AVENUE |                                 |
| CITY-STATE-ZIP | LAKE WALES, FL 00000 |                                 |
| TITLE          | D                    | <input type="checkbox"/> DELETE |
| NAME           | CALLAWAY, ALLANA     |                                 |
| STREET ADDRESS | 630 S. LAKESHORE     |                                 |
| CITY-STATE-ZIP | LAKE WALES FL        |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |
| TITLE          |                      | <input type="checkbox"/> DELETE |
| NAME           |                      |                                 |
| STREET ADDRESS |                      |                                 |
| CITY-STATE-ZIP |                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |   |
| 3. STREET ADDRESS  |   |
| 4. CITY-STATE-ZIP  |   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |   |
| 7. STREET ADDRESS  |   |
| 8. CITY-STATE-ZIP  |   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |   |
| 11. STREET ADDRESS |   |
| 12. CITY-STATE-ZIP |   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |   |
| 15. STREET ADDRESS |   |
| 16. CITY-STATE-ZIP |   |

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\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt or stated in Section 119.07(3)(a), 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. If I am an officer or director of the corporation, the receiver or trustee empowered to examine this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 if changed, or on any document with an address.

SIGNATURE: **Lonnie D. Adams**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lonnie D. Adams** 1/23/96 (941) 676-8326  
500001757625  
-03-26-96

CR2E034 (12/95)