

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

FILED

Jun 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **512793**

(1)

1. Corporation Name
W.V. ADAMS, INC.



Principal Place of Business

**HAMMOCK RD RT 1
BOX 147
ZOLFO SPRINGS FL 33890**

Mailing Address

**HAMMOCK RD RT 1
BOX 147
ZOLFO SPRINGS FL 33890-9720**

2. Principal Place of Business

21 **5311 South Hammock Rd**

Suite, Apt. #, etc.

22 **Zolfo Springs FL**

23 **33890**

24 **Hardee**

2a. Mailing Address

26 **5311 South Hammock Rd.**

Suite, Apt. #, etc.

27 **Zolfo Springs FL**

28 **33890**

29 **Hardee**

3. Date Incorporated or Qualified

09/14/1976

3a. Date of Last Report

05/21/1996

4. FEI Number

59-1695672

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution

☐ **Yes** ☐ **No**

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, MARGIE S.
ROUTE 1, BOX 147
ZOLFO SPRINGS FL 33890**

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 607.0502 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **ADAMS, WILBUR V**
STREET ADDRESS **S HAMMOCK RD-RT 1, BOX 147**
CITY-ST-ZIP **ZOLFO SPRINGS, FLCA00000**

TITLE ☐ DELETE

NAME **ADAMS, MARGIE S**
STREET ADDRESS **S HAMMOCK RD-RT 1, BOX 147**
CITY-ST-ZIP **ZOLFO SPRINGS, FLCA00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 changed, or on an attachment with an address.

SIGNATURE:

MARGIE ADAMS **MARGIE ADAMS** **941-735-0273**

CR2E034 (9/96)