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FILED  
Jul 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 512793 (1)  
1. Corporation Name  
W.V. ADAMS, INC.



Principal Place of Business

Mailing Address

5311 SOUTH HAMMOCK RD  
BOX 147  
ZOLFO SPRINGS FL 33890  
US

5311 SOUTH HAMMOCK RD  
BOX 147  
ZOLFO SPRINGS FL 33890  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 HARTT, VELVA Ruth  
82 Street Address (P.O. Box Number is Not Acceptable)  
5311 S. HAMMOCK RD  
83  
84 City Zolfo Springs FL 85 Zip Code 33890

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 translating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADAMS, WILBUR V	
STREET ADDRESS	8 HAMMOCK RD-RT 1, BX 147	
CITY-ST-ZIP	ZOLFO SPRINGS, FLCA00000	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, MARGIE S	
STREET ADDRESS	8 HAMMOCK RD-RT 1, BX 147	
CITY-ST-ZIP	ZOLFO SPRINGS, FLCA00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5311 S. HAMMOCK RD.
1.4 CITY-ST-ZIP	Zolfo Springs FL 33890
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SD HARTT, VELVA Ruth
2.3 STREET ADDRESS	5311 S. HAMMOCK RD.
2.4 CITY-ST-ZIP	Zolfo Springs FL 33890
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)