

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 512793

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

Principal Place of Business
5311 SOUTH HAMMOCK RD
BOX 147
ZOLFO SPRINGS FL 33890
US

Mailing Address
5311 SOUTH HAMMOCK RD
BOX 147
ZOLFO SPRINGS FL 33890
US

FILED
99 SEP 30 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent			
HARTT, VELVA R 5311 S HAMMOCK RD ZOLFO SPRINGS FL 33890			
10. Name and Address of New Registered Agent			
81 Name Hartt Velva Ruz			
82 Street Address (P.O. Box Number is Not Acceptable) 5311 S. HAMMOCK RD			
83			
84 City Zolfo Spring			
85 Zip Code FL 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 Velva R Hartt
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/27/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ADAMS, WILBUR V	1.2 NAME	
STREET ADDRESS	5311 S HAMMOCK RD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ZOLFO SPRINGS, FLCA00000 33890	1.4 CITY-STATE-ZIP	
TITLE	SD	2.1 TITLE	
NAME	HARTT, VELVA R	2.2 NAME	
STREET ADDRESS	5311 S HAMMOCK RD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ZOLFO SPRINGS, FLCA00000 33890	2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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.

SIGNATURE: Velva Ruz Hartt 9/27/99 941-735-0273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #