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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 518558 (2)
1. Corporation Name
CHUCK ADAMS MANAGEMENT CORPORATION



Principal Place of Business

1725 GOLFVIEW DR.
BELLEAIR FL 34616

Mailing Address

P O BOX 2016
CLEARWATER FL 34617-2016
US

2. Principal Place of Business

21 901 OSCEOLA RD

Suite, Apt. #, etc.

22 #205

City & State

23 BELLEAIR, FL

Zip

24 34616

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

11/16/1976

3a. Date of Last Report

01/30/1996

4. FEI Number

59-1701326

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

10. Name and Address of New Registered Agent

ADAMS, CHARLES H.

1725 GOLFVIEW DR.

BELLEAIR FL 34616

81 Name

C H A R L E S H. A D A M S

82 Street Address (P.O. Box Number is Not Acceptable)

901 OSCEOLA RD #205

83

- BELLEAIR

84 City

BELLEAIR

FL

85 Zip Code

34616

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 any) (note)

(NOTE: Registered Agent signature required when reinstating)

DATE

4.24.97

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1A TITLE

1P NAME

1B STREET ADDRESS

1C CITY - ST - ZIP

2A TITLE

2P NAME

2B STREET ADDRESS

2C CITY - ST - ZIP

3A TITLE

3P NAME

3B STREET ADDRESS

3C CITY - ST - ZIP

4A TITLE

4P NAME

4B STREET ADDRESS

4C CITY - ST - ZIP

5A TITLE

5P NAME

5B STREET ADDRESS

5C CITY - ST - ZIP

6A TITLE

6P NAME

6B STREET ADDRESS

6C 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

CHARLES H. ADAMS

(S13)

CR2E034 (9/96)