

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 681273 (9)

1. Corporation Name

AD INDUSTRIES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 PM 2:31

DO NOT WRITE IN THIS SPACE

Principal Place of Business
2288 W ISLAND RD
WILLIAMSBURG VA 23187
US

Mailing Address
2288 W ISLAND RD
WILLIAMSBURG VA 23187
US

3. Date Incorporated or Qualified
08/06/1980

3a. Date of Last Report
04/27/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2017705

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country

Zip Country

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

TODD, JOHN D.,
639 E. OCEAN AVE., #305
BOYNTON BEACH FL 33435

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 of person or persons authorized to sign on behalf of corporation)

(NOTE: Registered Agent signature required when nominating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V
NAME	DEMAREST, GEORGE
STREET ADDRESS	2288 W. ISLAND RD.
CITY, ST, ZIP	WILLIAMSBURG VA
TITLE	DP
NAME	DEMAREST, ANNE D
STREET ADDRESS	2288 W. ISLAND RD.
CITY, ST, ZIP	WILLIAMSBURG VA
TITLE	STD
NAME	TOMBUL, DESIREE
STREET ADDRESS	5305 HIGHBERRY WOODS RD
CITY, ST, ZIP	MIDLOTHIAN VA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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	3524 Crossing Way
3 4 CITY, ST, ZIP	Midlothian, Va. 23113
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 resolver or person 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:

(Signature and Typed or Printed Name of Signing Officer or Director)

Date

Registered Agent