

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 681701 (9)

1. Corporation Name

ADAMS SUN-LAND, INC.



Principal Place of Business

Mailing Address

~~5160 HWY 98E~~
SUITE 12
DESTIN FL 32541

PO BOX 216
DESTIN FL 32540-0216
US

3. Date Incorporated or Qualified
08/11/1980

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2027319

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 10221 HWY 98 WEST

26

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, JAMES F

~~5160 HWY 98E~~

SUITE 12

DESTIN FL 32541

81 Name

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

10221 HWY 98 WEST

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 of individual

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ADAMS, JAMES F.
STREET ADDRESS ~~5160 HIGHWAY 98E, STE 12~~
CITY-ST-ZIP DESTIN FL

TITLE ☐ DELETE

NAME ADAMS, J. R. SR.
STREET ADDRESS 604 TYLER PLACE, #6
CITY-ST-ZIP OXFORD MS

TITLE ☐ DELETE

NAME DETERLY, JUDITH ADAMS
STREET ADDRESS 2229 BELLINGRATH
CITY-ST-ZIP JACKSON MS

TITLE ☐ DELETE

NAME ADAMS, J.R. JR.
STREET ADDRESS 1331 PHILLIP STREET
CITY-ST-ZIP NEW ORLEANS LA

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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

115 INDIAN BAYOU

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96

904-837-3145

Date

Daytime Phone #

CR2E034 (12/95)