PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 681701

1. Corporation ADAMS S	SUN-LAND, INC.						
Principal Place	of Rusiness	Mailing Address			I 1891/0 Q1/4F 18101 (10/1 100)1 00101 (104 018/1	81011 81811 BIDIL 81	fe fi bibil 188 f
10221 HWY 98 WEST PO BOX 216							
SUITE 12 DESTIN FL 32540-0216			•		DO NOT MIDITE IN THIS SPACE		
DESTIN FL 32541 US					DO NOT WRITE IN THIS SPACE		
US					3. Date Incorporated or Qualifed 08/11/1980		
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number	Ар	plied For
21 10221 Emerald Coast Parkway25West					59-2027319		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	
22						Fee Re	· ·
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		28			Trust Fund Contribution		io rees
Zip	Country	Zip	Countr	ry	8. This corporation owes the current year in	ntangible □Yes	□No
24	25]	29 30	01		Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent		1 Name	10. Name and Address of New Registerer	1 Agent	
ADAM	MS, JAMES F		L				
10221 HWY 98 WEST			8:	2 Street Ad	dress (P.O. Box Number is Not Acceptable) 1 Emerald Coast Parkway We	et	
SUITE 12			8:		I Emeraid Coast Tarkway we	<u> </u>	
DESTIN FL 32541			1	1			
			8	4 City	F	85 Zip (Code
44.5	4 4	2 and 607 1609. Elorida Statutos	the abo	ve-named co	emoration submits this statement for the purpose of	of changing its	registered
office or r	egistered agent, or both, in the State on m familiar with, and accept the obligat	of Florida. Such change was auth tions of, Section 607.0505, Florida	tonzea D	v tne corbora	ation's board of directors. I hereby accept the appoint	ointment as re	gistered
SIGNATURE		au			uland when ministration) DATE		
42	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS		13.	jent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	DRS IN 12
12.	P OFFICERS AND	□ DELETE	1.1 TITLE	· ·	7,007,110,107,011	∑ Change	Addition
NAME	ADAMS, JAMES F.	-	1,2 NAME				İ
	115 INDIAN BAYOU	į	1.3 STREET ADDRESS		4121 Indian Trail		
STREET ADDRESS	DESTIN FL	ļ	1.4 CITY-				(
CITY-ST-ZIP TITLE	S	☐ DELETE	2.1 TITLE		Destin, FL J2J41	☐ Change	Addition
NAME	DETERLY, JUDITH ADAMS		2.2 NAME				
STREET ADDRESS	2229 BELLINGRATH			ET ADDRESS			
	JACKSON MS				_		
CITY-ST-ZIP TITLE	T	☐ DELETE	2.4 CITY-ST-ZIP			Change	☐ Addition
NAME	ADAMS, J.R. JR.		3.2 NAME				
STREET ADDRESS	1331 PHILLIP STREET	•	3.3 STREET ADDRESS				
CITY-ST-ZIP	NEW ORLEANS LA		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRES				
CITY-ST-ZIP			4.4 CITY	-ST-ZIP			
TITLE		[] DELETE	5,1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP		4	5.4 CITY	-ST-ZIP			
TITLE			6.1 TITLE	:		Change	Addition
NAME			6.2 NAME	E			
STREET ANNUESS			6.3 STRE	ET ADDRESS			

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

850-837-3145

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90020 017 ***150.00