FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAR 23 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710075 (3)

1. Corporation Name
JOE A. ADAMS FOUNDATION, INC.

Principal Place of Business	Mailing Address
5050 EDGEWOOD COURT DRAWER B JACKSONVILLE FL 32203	5050 EDGEWOOD COURT DRAWER B JACKSONVILLE FL 32203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/20/1965
3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-6167570 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)
2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

~~ADAMS,JOE A~~
~~5050 EDGEWOOD CT~~ DECEASED
~~JACKSONVILLE FL 32205~~ 12-27-94

10. Name and Address of New Registered Agent

81 Name: James H. Andrews Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 4595 Lexington Ave
83
84 City: Jacksonville FL 85 Zip Code: 32210

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: James H. Andrews Jr. James H. Andrews Jr. MARCH 17, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	1.1 TITLE	PDT	☑ Change ☐ Addition
NAME	~~ADAMS,JOE A~~ DECEASED	1.2 NAME	Frances D. Adams	
STREET ADDRESS	~~5050 EDGEWOOD CT.~~ 12-27-94	1.3 STREET ADDRESS	4550 Ortega Forest Dr.	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	1.4 CITY-ST-ZIP	Jacksonville Fl 32210	
TITLE	DVS	2.1 TITLE	Trustee, Asst Treasurer	☑ Change ☐ Addition
NAME	ADAMS,FRANCES D	2.2 NAME	JAN A. Andrews	
STREET ADDRESS	5050 EDGEWOOD CT.	2.3 STREET ADDRESS	4143 Sherwood Rd	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville Fl 32210	
TITLE	D	3.1 TITLE	Trustee, Treasurer	☑ Change ☐ Addition
NAME	REDWINE, B. L.	3.2 NAME	James H. Andrews Jr.	
STREET ADDRESS	5050 EDGEWOOD CT.	3.3 STREET ADDRESS	4143 Sherwood Rd.	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, Fl 32210	
TITLE		4.1 TITLE	Vice President	☑ Change ☑ Addition
NAME		4.2 NAME	Suzanne A. Felton	
STREET ADDRESS		4.3 STREET ADDRESS	4447 Lancelot Ln	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Jacksonville, Fl 32210	
TITLE		5.1 TITLE	Secretary	☑ Change ☑ Addition
NAME		5.2 NAME	Douglas J. Milne	
STREET ADDRESS		5.3 STREET ADDRESS	4595 Lexington	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Jacksonville, Fl 32210	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frances D. Adams 3-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FRANCES D. ADAMS SECRETARY Date Daytime Phone #

0024880