FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 11 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F19037

(3)

ADAMS-SHUMAKER, INC.

Principal Place of Business Mailing Address						, 1661/60 (18; 11810 18)	ii Baidh Illii (Adi	ALBIN MIMIT MIMIT			
3020 STANFOR PANAMA CITY			3020 STANFORD ROAD PANAMA CITY FL 32405-3436								
						1	3. Date incorporated 02/10/1981	or Qualified	3a. Date o		epori
2. Principal Pa	ace of Business	2a. Mailing A	ddress			- 1	FEI Number			·	plied For
1		26	· · · · · · · · · · · · · · · · · · ·				 			t Applicable	
Suite. Apt. i	#, etc	Suile, Ap	t. #, etc.				5. Certificate of Status	Desired	□ \$	8.75 A	Additional
<u>≮1</u> City & State	1	City & Sta	ate	·			6. Election Campaign	Einanoina		·	<u> </u>
3		28				'	Trust Fund Contribu	_		\$5.00 Added t	
Zip	Country	Z ip		Country			B. This corporation ha				
4	25	29		30			Florida Statutes		Yes 🔲 N		•
	9. Name and Address of Cu	rrent Registered Age	nt				0. Name and Addres	a of New Reg	istered Age	nt	
	imaker, robert			B1	Nam	ne					
	B QUAIL RUN				Stree	et Address	dress (P.O. Box Number is Not Acceptable)				
LYN	N HAVEN FL 32444		<u>,.</u>								·
				83	1						
				84	City	·····			FL 8	5 Zip (Code
11. Pursuant i	o the provisions of Sections 607 egistered agent, or both, in the S	.0502 and 607.1508, F	lorida Statu	tes, the abov	и re-name	ed corporati	ion submits this stater	nent for the p	rrose of cha	naina it	s registered
SIGNATURE		d agent and title if applicable	SEE	TE: Registered Ac	w	LA KE	en reinstaling)	7 90	4-763		
12. Title	OFFICERS	AND DIRECTORS	I DELETE	13.			ADDITIONS/CHANG	ES TO OFFIC			
	SHUMAKER, ROBERT	L_] DELFTE	1.1 TITLE					ب	Change	Addition
NAME	1938 QUAIL RUN			1.2 NAME		.					
STREET ADDRESS: Dity+ST-ZIP	LYNN HAVEN, FL 00000				T ADDRES	»					
IIIU	SD		DELETE	1.4 CITY- 2.1 TITLE	51 - ZIP				ГТ	Change	Addition
NAME	ADAMS, BILLY J.	_	•	2.2 NAME			•			Onango	The Property
STREET ADDRESS	3625 FLORIDA AVE.				T ADDRES	is					
C-TY - ST - ZIP	PANAMA CITY, FL 00000			2. 4 CITY		~					
TIFLE		Ţ.	DELETE	3.1 TITLE	<u> </u>		······································			Change	☐ Addition
NAME			•	3.2 NAME							
STREET ADDRESS				3.3 STREE	t addres	SS					
DITY-ST-ZIP				3.4. CITY	ST-ZIP						
TiTEF			DELETE	4.1 TITLE						Change	Addition
NAME				4. 2 NAM							
STREET ADDRESS				4.3 STREE	t addres	is					
C:TY+ST ZiP		·····	Tori exe	4.4 C/TY -	ST-ZIP						1,400
lilet		L] DELETE	5.1 THTLE					لــا	Change	Addition
NAV ^C				5.2 NAME	· .n	.					
STREET ADDRESS					T ADDRES	15					
Cdy - ST - 7IP		T T	DELETE	5.4 CiTY - 6.1 TITLE	51-ZIP					Change	Addition
NAV:		<u></u>		6.2 NAME						erany.	Addition
STREET ADDRESS					T ADDRES	s l					
C-TY - ST - ZIP				6.4 CITY -							
14. Ldo hereb	y certify that the information sup	pried with this filing do	es not qual	ify for the ev	emption	n stated in S	Section 119.07(3)(i), Fi	orida Statutes	. I further cer	tify that	the
information Lam an of	indicated on this annual report licer or director of the corporation Block 12 or Block 13 it change	, or supplemental annu in or the receiver or tru	al report is istee empov	true and acc wered to exe	urate a	ind that my :	signature shall have th	ne same legal	effect as if m	nade und	der oath: that