FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F20541** **(1)**

1. Corporation Name
ADAMS & ADAMS, INC.

Principal Place of Business	Mailing Address
2500 DUNDEE RD P.O. BOX 1667 WINTER HAVEN FL 33884 US	PO BOX 1667 WINTER HAVEN FL 33882 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/18/1981	3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-1089364	☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

ADAMS, JOHN P.
2500 DUNDEE RD
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when mandated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	ADAMS, JOHN P	12 NAME	
STREET ADDRESS	7 PEACHTREE LANE	13 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ADAMS, ANN D	22 NAME	
STREET ADDRESS	7 PEACHTREE LANE	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 00000	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	ADAMS, DANIEL J.	32 NAME	D Adams, Daniel J
STREET ADDRESS	518 W LAKE SUMMIT DRIVE	33 STREET ADDRESS	2530 Partridge Drive
CITY-ST-ZIP	WINTER HAVEN FL	34 CITY-ST-ZIP	Winter Haven Fl
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ADAMS, THOMAS E.	42 NAME	
STREET ADDRESS	1855 OVERLOOK DR	43 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SNIVELY, PAULA A.	52 NAME	
STREET ADDRESS	3944 CYPRESS LANDING W.	53 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is truthfully 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted.

SIGNATURE: _____ 4/24/95 213/324-4576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DANIEL J ADAMS

0318504 CP