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Apr 15, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F21415

1. Corporation Name

THE HARLAND ADAMS CORPORATION

Principal Place of Business

610 S. INDUSTRY RD.
COCOA FL 32926-2873

Mailing Address

610 S. INDUSTRY RD.
COCOA FL 32926-2873

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/18/1981

4. FEI Number

59-2074040

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2195 S. Courtenay Parkway

Suite, Apt. #, etc.

2a. Mailing Address

26 2195 S. Courtenay Parkway

Suite, Apt. #, etc.

22 City & State

23 Merritt Island, FL

Zip

Country

24 32952

25 USA

27 City & State

28 Merritt Island, FL

Zip

Country

29 32952

30 USA

9. Name and Address of Current Registered Agent

ADAMS, DONNA
610 S INDUSTRY ROAD
COCOA FL 32926

10. Name and Address of New Registered Agent

81 Name

Donna Adams

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

2195 S. Courtenay Parkway

83

84 City

Merritt Island,

FL

85 Zip Code

32952

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

Donna Adams CEO Donna Adams

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **WILLIAMS, D M**
STREET ADDRESS **1913 FLINTSHIRE CT**
CITY-ST-ZIP **TITUSVILLE FL**

TITLE **DC** ☐ DELETE

NAME **ADAMS, DONNA**
STREET ADDRESS **610 S INDUSTRY RD -**
CITY-ST-ZIP **COCOA FL 32926**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**2195 S. Courtenay Parkway
Merritt Island, Florida 32952**

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

Donna Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99
Date

(407) 453-5727
Daytime Phone #

CR2E034 (11/98)