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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F61335

(8)

ADAMS ENGINEERING ASSOCIATES, INC.

**FILED** 

Apr 15 1998 8:00am

Secretary of State

| Principal Piace of Business   Mailing Address   Mailing Address   Survey     |   |  |                |         |                 |   |  |
|---|---|--|----------------|---------|-----------------|---|--|
| BROOKSVILE FL 34601  2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporation or Qualified 01/01/1982  3. Date Incorporation or Qualified 02/01/1982  3. Date Incorporation or Qualified 02/01/1982  3. Date Incorporation or Qualified 03/01/1982  3. Date Incorporation or Qualified 05/01/1982  3. Date Incorporation or Qualified 0  | Principal Place of Business Mailing Address   |  |                |         |                 |   |  |
| BROOKSVILE FL 34601  2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporation or Qualified 01/01/1982  3. Date Incorporation or Qualified 02/01/1982  3. Date Incorporation or Qualified 02/01/1982  3. Date Incorporation or Qualified 03/01/1982  3. Date Incorporation or Qualified 05/01/1982  3. Date Incorporation or Qualified 0  |   |  |                |         |                 |   |  |
| 2. Principal Place of Business 21   | BROOKSVILLE FL 34601 BROOKSVILLE FL 34601   |  |                |         |                 | DO NOT WOITE BUTUIN ADVOC                     |  |
| Principal Place of Business   2a. Melling Address   4. FEI Number   Applied For   2. O 18.7 CORTEX BUDD   2a. Melling Address   4. FEI Number   Applied For   S9-2146456     Not Applied For   S9-21    | U\$ U\$   |  |                |         |                 |   |  |
| 2. Principal Plage of Business   2. Authority   2.   | l   |  |                |         |                 | , ,   |  |
| Sulfe, Apt. 4, 80C  | 2. Principal Place of Business 2a. Mailing Address  |  |                |         |                 |   |  |
| Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, A  |   |  |                |         |                 |   |  |
| City & State   City & City & State   City & City & State   City & Cit    | Suite, Apt. #, etc. Suite, Apt. #, etc.   |  |                |         |                 | ¢0.75   |  |
| Zip   Country   Zip   Zip   Country   Street Address of Country   Zip     | 22  | 27   |                |         |                 | 5. Certificate of Status Desired Fee Required |  |
| Zip Country Zip B   |   | <b>→</b> ·   |                |         |                 |   |  |
| 28   29   30   Personal Property Tax due June 30.    74s   \$\frac{1}{2} \text{No.} \]  9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and Address   10 |   |  |                | Cou     | nte.            |   |  |
| ADAMS, JAMES F 882 WALLIEN DRIVE BROOKSVILLE FL 34601  81   | L '   | — ·  | <u>├</u> ¬ ` } |         | in y            |   |  |
| 82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code  11. Pursuant to the provisions of Soctions 607 0502 and 807 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing list registered agent. In mit familiar with, and accept the obligations of, Soction 607 0505, Florida Statules  SIGNATURE   Signatur, typic or period noise of registered agent and familiar with, and accept the obligations of, Soction 607 0505, Florida Statules  SIGNATURE   Signatur, typic or period noise of registered agent and familiar with, and accept the obligations of, Soction 607 0505, Florida Statules  SIGNATURE   Signatur, typic or period noise of registered agent and familiar with, and accept the obligations of, Soction 607 0505, Florida Statules  SIGNATURE   Signatur, typic or period noise of registered agent, or both in the State of Florida Statules  SIGNATURE   PTC   | 9. Name and Address of Current Registered Agent   |  |                |         |                 |   |  |
| ### Street Address (P.O. Box Number is Not Acceptable)  ### City  |   |  |                |         |                 |   |  |
| BROOKSVILLE FL 34601  83  City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Stellules, the ebove-named corporation submits this statement for the unpose 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, and accept the obligations of, Section 607,0505, Florida Statutes  SIGNATURE  SIGNATURE  SIGNATURE  Signature, typed or prefet fine or registered agent eval title registered agent and title registered agent. I all title and title registered agent and title registered agent and title registered agent. I all title and title registered agent. I all title and title registered agent and title registered agent. I all title and title registered agent.  |   |  |                |         | 82 Street       | t Address (P.O. Box Number is Not Acceptable) |  |
| ### City ###  |   |  |                |         | 0110017         | TAGGIBSS (1.0. DOX MUTILISE TO ACCEPTACIO)    |  |
| 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 agent. I am familiar with, and accept the Obligations of, Soction 607.0505, Florida Statutes  SIGNATURE    Signature, highed or printed requisited agent and 1607 depolabation of Control  |   |  |                | [       | 83              |   |  |
| 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 agent. I am familiar with, and accept the Obligations of, Soction 607.0505, Florida Statutes  SIGNATURE    Signature, highed or printed requisited agent and 1607 depolabation of Control  |   |  |                | ŀ       | 84 City         | 85 Zip Code                                   |  |
| 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 and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes  SIGNATURE    12.  |   |  |                |         |                 | F <u>L</u>                                    |  |
| Signature, typed or prented hame of regulsered agent and late if aportsable   (NOTE: Regulsered Agent signature regulsed when reinstating)   DATE   | 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 |  |                |         |                 |   |  |
| 12. OFFICERS AND DIRECTORS  TITLE PTC DELETE 11 TITLE ADAMS, JAMES F. 9362 WALUEN DR BROOKSVILLE FL 12 TITLE VS DELETE 12 TITLE VS DELETE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition ADAMS, BARBARA 22 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE ADAMS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE ADAMS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE ADAMS STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE ADAMS STREET ADDRESS CITY-ST-ZIP TITLE ADAMS STREET ADDRESS STREET ADD  | SIGNATURE   |  |                |         | .=              |   |  |
| TITLE   | 40  |  |                | _       | Agent signature |   |  |
| NAME   STREET ADDRESS   12 NAME   13 STREET ADDRESS   14 CHTY-ST-ZIP  |   |  |                |         | is              |   |  |
| STREET ADDRESS   SACE WALLIEN DR   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   | 1   |  |                |         |                 | _ orange _ radicon                            |  |
| DELETE   1.4 DITY-ST-ZIP   DELETE   1.4 DITY-ST-ZIP   DELETE   2.1 TITLE   Change   Addition   Ad    |   |  |                |         |                 |   |  |
| DELETE   DELETE   Change   Addition   |   |  |                |         |                 |   |  |
| STREET ADDRESS   SAG2 WALLIEN DR   2.3 STREET ADDRESS   CHTY-ST-ZIP   BROOKSVILLE FL   2.4 CHTY-ST-ZIP  |   | VS   | DELETE         | _       |                 | Change Addition                               |  |
| 2.3 STREET ADDRESS   2.4 CITY-S1-ZIP  | NAME  | ADAMS, BARBARA   |                | 2.2 NA  | ME              |   |  |
| TITLE         DELETE         3.1 TITLE         Change         Addition           NAME         3.2 NAME  | STREET ADDRESS  |  |                | 2.3 ST  | REET ADDRESS    | (:  |  |
| NAME  | CITY-ST-ZIP   |  |                | 2. 4 CI | TY-ST-ZIP       |   |  |
| 3.3 STREET ADDRESS   3.4 CITY - ST - ZIP  |   |  | ☐ DELETE       |         | í               | Change Addition                               |  |
| CITY-ST-ZIP   3.4. CITY-ST-ZIP  |   |  |                |         |                 |   |  |
| TITLE         DELETE         4.1 TITLE         Change         Addition           NAME         4.2 NAME  |   |  |                |         |                 |   |  |
| A.2 NAME  |   |  | T DELETE       | _       |                 | Change I Addition                             |  |
| ### STREET ADDRESS  CITY-ST-ZIP  ### TITLE    DELETE   DELETE   Change   Addition    NAME   52 NAME    STREET ADDRESS    CITY-ST-ZIP    5.3 STREET ADDRESS    CITY-ST-ZIP    5.4 CITY-ST-ZIP  |   |  | C) prices      | 1       | J               | . Li change Li Addition                       |  |
| CITY-ST-ZIP         44 CITY-ST-ZIP           TITLE         DELETE         51 TITLE         Change         Addition           NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP         5.4 CITY-ST-ZIP   | ·   |  |                |         |                 |   |  |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY-ST-ZIP         5.4 CITY-ST-ZIP   |   |  |                |         |                 |   |  |
| STREET ADDRESS  CITY-ST-ZIP  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP  |   |  | DELETE         |         |                 | Change Addition                               |  |
| CITY-ST-ZIP 5.4 CITY-ST-ZIP   | 1   |  |                |         |                 |   |  |
|   | STREET ADDRESS  |  |                | 5.3 ST  | REET ADDRESS    |   |  |
| DELETE TO THE TABLE TO THE TABL  | CITY-ST-ZIP   |  |                | 5.4 CIT | Y-ST-ZIP        |   |  |
| TITLE Change CAddition  | TITLE   |  | ☐ DELETE       | 6.1 717 | LE              | Change Addition                               |  |
| NAME 6.2 NAME   | NAME  |  |                | 6.2 NA  | ME              |   |  |
| STREET ADDRESS 6.3 STREET ADDRESS   | STREET ADDRESS  | •  |                | 6.3 ST  | REET ADDRESS    |   |  |
| CITY-S1-ZIP  64 CITY-S1-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  |   | and the state of the last and the state of t |                |         |                 | 1   |  |

14. Hereby certify that the information supplied with this filing cloes 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 comporation or the receiver or mistige dispowered 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 attack put with an address.

CICALATURE.

4/8/98

252-754-455