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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F74627 (3)

1. Corporation Name:
ADAMS, CAMERON TITLE SERVICES, INC.

Principal Place of Business
319 N ATLANTIC AVE.
DAYTONA BEACH FL 32118

Mailing Address
319 N ATLANTIC AVE.
DAYTONA BEACH FL 32118-3901



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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9. Name and Address of Current Registered Agent

LEMMON, BARBARA ANN
319 N ATLANTIC AVE.
DAYTONA BEACH FL 32118

3. Date Incorporated or Qualified
04/01/1982

3a. Date of Last Report
03/20/1996

4. FEI Number

59-2203368

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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

Signature of person or persons authorized to sign this statement, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

P
LEMMON, BARBARA ANN
2875 JOHN ANDERSON DR.
ORMOND BEACH FL

1.2 NAME

TD
ADAMS, HELEN
1094 JOHN ANDERSON DR.
ORMOND BEACH FL

1.3 STREET ADDRESS

SD
ADAMS, ROBERT L.
986 JOHN ANDERSON DR.
ORMOND BEACH FL

1.4 CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-97

Date

904-258-5500

Daytime Phone #

CR2E034 (9/96)