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FILED
Apr 18 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 # **H08332** **(9)**

1. Corporation Name
L.D. ADAMS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
16222 FOREST OAKS DR. FT MYERS FL 33908	16222 FOREST OAKS DR. FT MYERS FL 33908-5504

3. Date Incorporated or Qualified: 06/15/1984
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business
21: 17131 Caloosa Trace Cr.
22: Suite, Apt. #, etc.
23: City & State: Fort Myers, FL
24: Zip: 33912
25: Country: Lee

2a. Mailing Address
26: 17131 Caloosa Trace Cr.
27: Suite, Apt. #, etc.
28: City & State: Fort Myers, FL
29: Zip: 33912
30: Country: Lee

4. FEI Number: 59-2416245 ☐ 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

9. Name and Address of Current Registered Agent
ADAMS, LARRY D.
16222 FOREST OAKS DR
FT MYERS FL 33908

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 17131 Caloosa Trace Cr.
83
84 City: Fort Myers, FL 85 Zip Code: 33912

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: Larry D. Adams President 4-10-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ADAMS, LARRY D.		1.2 NAME		
STREET ADDRESS	16222 FOREST OAKS DR		1.3 STREET ADDRESS	17131 Caloosa Trace Cr.	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	VST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ADAMS, GLENDA		2.2 NAME		
STREET ADDRESS	16222 FOREST OAKS DR		2.3 STREET ADDRESS	17131 Caloosa Trace C r.	
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	ADAMS, GLENDA		3.2 NAME		
STREET ADDRESS	16222 FOREST OAKS DR		3.3 STREET ADDRESS	17131 Caloosa Trace Cr.	
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 on an attachment with an address.

SIGNATURE: Larry D. Adams President 4-10-97 941-482-8583