

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90016 038 ***150.00

DOCUMENT # H08332

1. Corporation Name

L.D. ADAMS ENTERPRISES, INC.

Principal Place of Business

14730 LAKE OLIVE DR
FT MYERS FL 33919
US

Mailing Address

14730 LAKE OLIVE DR
FT MYERS FL 33919
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1984

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

2. Principal Place of Business

21 14670 Lake Olive Dr.

Suite, Apt. #, etc.

22

City & State

23 Ft. Myers, FL

Zip

24 33919

Country

25 USA

2a. Mailing Address

26 14670 Lake Olive Dr.

Suite, Apt. #, etc.

27

City & State

28 Ft. Myers, FL

Zip

29 33919

Country

30 USA

9. Name and Address of Current Registered Agent

ADAMS, LARRY D.
14730 LAKE OLIVE DR
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

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

14670 Lake Olive Dr.

83 Fort Myers, FL 33919

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ADAMS, LARRY D.

STREET ADDRESS 14730 LAKE OLIVE DR

CITY-ST-ZIP FT MYERS FL 33919

TITLE VST ☐ DELETE

NAME ADAMS, GLENDA

STREET ADDRESS 14730 LAKE OLIVE DR

CITY-ST-ZIP FT MYERS FL 33919

TITLE D ☐ DELETE

NAME ADAMS, GLENDA

STREET ADDRESS 14730 LAKE OLIVE DR

CITY-ST-ZIP FT MYERS FL 33919

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 PD ☒ Change ☐ Addition

1.2 NAME Adams, Larry D.

1.3 STREET ADDRESS 14670 Lake Olive Dr.

1.4 CITY-ST-ZIP Ft. Myers, FL 33919

2.1 TITLE VST ☒ Change ☐ Addition

2.2 NAME Adams, Glenda

2.3 STREET ADDRESS 14670 Lake Olive Dr.

2.4 CITY-ST-ZIP Ft. Myers, FL 33919

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:

Larry D. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

Date

Overtime Phone #

CR2E034 (11/98)

044979