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APPROVED AND FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H30158

(0)

1. Corporation Name

ADAIR INVESTMENTS, INC.

Principal Place of Business

**280 HILLCREST
OVIEDO FL 32765-6713**

Mailing Address

**280 HILLCREST
OVIEDO FL 32765-6713**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/16/1984

3a. Date of Last Report

04/08/1994

4. FBI Number

59-2713520

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

24

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

29

Zip

Country

9. Name and Address of Current Registered Agent

**ADAIR, CHARLES W.
280 HILLCREST
OVIEDO FL 32765**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ADAIR, GARY W.
STREET ADDRESS	43767 MERFILL
CITY-ST-ZIP	STERLING HTS MI
TITLE	S
NAME	ADAIR, EVELYN C.
STREET ADDRESS	43767 MERFILL
CITY-ST-ZIP	STERLING HTS MI
TITLE	V
NAME	ADAIR, CHARLES W.
STREET ADDRESS	280 HILLCREST
CITY-ST-ZIP	OVIEDO FL
TITLE	T
NAME	ADAIR, JUNE N.
STREET ADDRESS	280 HILLCREST
CITY-ST-ZIP	OVIEDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ADAIR GARY W.	
1.3 STREET ADDRESS	2341 Palm Way	
1.4 CITY-ST-ZIP	OVIEDO FL 32765-	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ADAIR EVELYN C.	
2.3 STREET ADDRESS	2341 Palm Way	
2.4 CITY-ST-ZIP	OVIEDO FL 32765	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Charles W. Adair
CHARLES W. ADAIR

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-10-95

(407)365-5002

Date

Daytime Phone #