

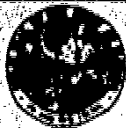
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 17 PM 2: 21

**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
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** Change 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** Change Addition
2.2 NAME **ADAIR EVELYN C.**
2.3 STREET ADDRESS **2341 Palm Way**
2.4 CITY-ST-ZIP **OVIEDO FL 32765-**

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

410-92 (407)365-5002