FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H71708** **(2)**

1. Corporation Name

ADAPCO, INC.

Principal Place of Business	Mailing Address
2800 SOUTH FINANCIAL COURT SANFORD FL 32773-8118 US	2800 SOUTH FINANCIAL COURT SANFORD FL 32773-8118 US

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified: **08/19/1985**
3a. Date of Last Report: **02/08/1995**

4. FEI Number: **59-2574523** ☐ 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

ANTOINETTE, PLOGSTEDT E
BARRETT, CHAPMAN & RUTA, P.A.
940 HIGHLAND AVENUE
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name: WOOLDRIDGE, ALLEN W.
82 Street Address (P.O. Box Number is Not Acceptable): 2800 SO. FINANCIAL COURT
83
84 City: SANFORD **FL** 85 Zip Code: 32773

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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: Allen Wooldridge (Signature of new registered agent required unless current agent is changing) DATE: 1/17/96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WOOLDRIDGE, ALLEN W.		1.2 NAME		
STREET ADDRESS	312 COLUMBO CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REYNOLDS, WILLIAM H. JR.		2.2 NAME		
STREET ADDRESS	1140 KEWANEE TR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RICH, PAUL I.		3.2 NAME		
STREET ADDRESS	994 SHETLAND AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PEDERSON, CHARLES O.		4.2 NAME		
STREET ADDRESS	ROUTE 1		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTOONA FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HOLIMAN, JESSE M., JR.		5.2 NAME		
STREET ADDRESS	1246 GUNTER RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	FLORENCE MS		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 (12/95)

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)(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 added by an attachment with an address.

SIGNATURE: [signature] 1/17/96 (407) - 330-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #