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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **J17767** **(1)**

1. Corporation Name
A. D. I. SERVICES, INC.

Principal Place of Business	Mailing Address
2757 ERNEST STREET JACKSONVILLE FL 32205	2757 ERNEST STREET JACKSONVILLE FL 32205-7426

3. Date Incorporated or Qualified: 06/05/1986
3a. Date of Last Report: 04/02/1996
4. FEI Number: 59-2652632 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~SHEARER, DENNIS RAY~~
~~6248 SAGE DRIVE~~
~~JACKSONVILLE FL 32210~~

NEW ADDRESS

10. Name and Address of New Registered Agent

81 Name: DENNIS RAY SHEARER
82 Street Address (P.O. Box Number is Not Acceptable): 7415 TINTERN CIR N.
83
84 City: JACKSONVILLE FL 85 Zip Code: 32244

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: Dennis Ray Shearer DENNIS RAY SHEARER (NOTE: Registered Agent signature required when reinstating) DATE: 3-11-97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE	PT	☑ Change ☐ Addition
NAME	SHEARER, DENNIS RAY		1.2 NAME	DENNIS RAY SHEARER	
STREET ADDRESS	~~6248 SAGE DR~~		1.3 STREET ADDRESS	7415 TINTERN CIR N.	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	JACKSONVILLE, FLA. 32244	
TITLE	SEV	☐ DELETE	2.1 TITLE	SEV	☑ Change ☐ Addition
NAME	SHEARER, LINDA JOYCE		2.2 NAME	LINDA JOYCE SHEARER	
STREET ADDRESS	~~6248 SAGE DR~~		2.3 STREET ADDRESS	7415 TINTERN CIR. N.	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	JACKSONVILLE, FLA. 32244	
TITLE	V	☐ DELETE	3.1 TITLE	V	☑ Change ☐ Addition
NAME	SMITH, LILLIAN CHARLEEN		3.2 NAME	LILLIAN CHARLEEN SMITH	
STREET ADDRESS	~~6248 SAGE DR.~~		3.3 STREET ADDRESS	7415 TINTERN CIR. N.	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	JACKSONVILLE, FLA. 32244	
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 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: Dennis Ray Shearer DENNIS RAY SHEARER 3-14-97 904-384-0620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #