

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 11 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J37217** (3)

1. Corporation Name
ACDM CORPORATION

Principal Place of Business
**661 N SPRING GARDEN AVE
DELAND FL 32721**

Mailing Address
**300 INTERNATIONAL PKWY
STE 250
HEATHROW FL 32746-5028
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/09/1986** 3a. Date of Last Report **03/31/1994**

4. FEI Number **59-2743335** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$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 **300 International Pkwy** 26 Suite, Apt. #, etc.

22 **Suite 250** 27 City & State

23 **Heathrow, FL** 28 City & State

24 **32746** 25 **USA** 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**DOWELL, DAVID R
1200 N STONE STREET
DELAND FL 32720**

10. Name and Address of New Registered Agent

81 Name **David R. Dowell**

82 Street Address (P.O. Box Number is Not Acceptable) **300 International Parkway**

83 **Suite 250**

84 City **Heathrow** 85 Zip Code **FL 32746**

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]* DATE **3/6/95**

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **DOWELL, DAVID R**
STREET ADDRESS **1200 N STONE ST**
CITY - ST - ZIP **DELAND FL**

TITLE **TD**
NAME **ALLBEE, RICHARD A**
STREET ADDRESS **121 FIRST AVE, N.W.**
CITY - ST - ZIP **HAMPTON, IO**

TITLE **DS**
NAME **COONLEY, JAMES E, III**
STREET ADDRESS **121 FIRST AVE, N.W.**
CITY - ST - ZIP **HAMPTON, IO**

TITLE **DV**
NAME **DOWELL, CLYDE R.**
STREET ADDRESS **2820 SUN LAKE LOOP #102**
CITY - ST - ZIP **LAKE MARY FL**

TITLE **DV**
NAME **MANOYLOVCH, GEORGE**
STREET ADDRESS **121 FIRST AVE, N.W.**
CITY - ST - ZIP **HAMPTON, IO**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** Change Addition
1.2 NAME **Dowell, David R.**
1.3 STREET ADDRESS **300 International Parkway, Ste. 250**
1.4 CITY - ST - ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE **DV** Change Addition
4.2 NAME **Dowell, Clyde R.**
4.3 STREET ADDRESS **227 Wimbledon Circle**
4.4 CITY - ST - ZIP **Heathrow, FL 32746**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 the 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 addendum.

SIGNATURE: *[Signature]* **Michael S. Dowell 2/28/95 33-0407/333-0456**