

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jul 29 1998 8:00am
Secretary of State

DOCUMENT # **J45032** (6)

1. Corporation Name
JIM ADAMS LEASING, INC.

Principal Place of Business
**1420 W. MEMORIAL BLVD.
LAKELAND FL 33801**

Mailing Address
**1420 W. MEMORIAL BLVD.
LAKELAND FL 33801**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **451 LONE PALM DRIVE**
Suite, Apt. #, etc.
22
City & State
23 **LAKELAND, FL**
Zip
24 **33815** Country
25

2a. Mailing Address
26 **451 LONE PALM DRIVE**
Suite, Apt. #, etc.
27
City & State
28 **LAKELAND, FL**
Zip
29 **33815** Country
30

3. Date Incorporated or Qualified
12/03/1986

4. FEI Number
59-2780761 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADAMS, JAMES L., JR.
451 LONE PALM DRIVE
LAKELAND FL 33801**

81 Name **ADAMS, JAMES L., JR.**
82 Street Address (P.O. Box Number is Not Acceptable)
451 LONE PALM DRIVE
83
84 City **LAKELAND, FL** 85 Zip Code **33815**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	ADAMS, JAMES L., JR.	1420 W. MEMORIAL BLVD.	LAKELAND FL	<input type="checkbox"/>
D	ADAMS, STEPHEN R.	1420 W. MEMORIAL BLVD.	LAKELAND FL	<input type="checkbox"/>
S	ADAMS, LYNN A.	1420 W. MEMORIAL RD.	LAKELAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	ADAMS, JAMES L., JR.	451 LONE PALM DRIVE	LAKELAND, FL 33815	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ADAMS, STEPHEN R.	451 LONE PALM DRIVE	LAKELAND, FL 33815	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	PECK, LYNN A.	451 LONE PALM DRIVE	LAKELAND, FL 33815	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Signature] JIM ADAMS JR 715-48 941-682-5506

CR2E034 (5/98)