

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90063 030 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J45032

1. Corporation Name  
JIM ADAMS LEASING, INC.

Principal Place of Business  
451 LONE PALM DRIVE  
LAKELAND FL 33815

Mailing Address  
451 LONE PALM DRIVE  
LAKELAND FL 33815

DO NOT WRITE IN THIS SPACE

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

ADAMS, JAMES L., JR.  
451 LONE PALM DRIVE  
LAKELAND FL 33815

81 Name  
SAME

82 Street Address (P.O. Box Number is Not Acceptable)  
610 HOWARD AVENUE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
D	ADAMS, JAMES L., JR. 451 LONE PALM DRIVE LAKELAND FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SAME 610 HOWARD AVENUE LAKELAND, FL 33815
D	ADAMS, STEPHEN R. 451 LONE PALM DRIVE LAKELAND FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SAME 610 HOWARD AVENUE LAKELAND, FL 33815
S	PECK, LYNN A 451 LONE PALM DRIVE LAKELAND FL 33815	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SAME 610 HOWARD AVENUE LAKELAND, FL 33815
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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, with all other like empowered.

SIGNATURE:

*James L. Adams, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. ADAMS, JR.

Date

4-26-99

341-682-5506

Daytime Phone #

CR2E034 (11/98)