FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J46857** **(5)**

1. Corporation Name

ADAMS OFFICE AND BUILDING MAINTENANCE, INC.

Principal Place of Business	Mailing Address
3536 N. UNIVERSITY BLVD. SUITE 230 JACKSONVILLE FL 32211	116 ZAMORA STREET ST. AUGUSTINE FL 32095

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1986
3a. Date of Last Report: 10/07/1994

2. Principal Place of Business 21 ~~112 Rivers Edge~~ N.	2a. Mailing Address 26 112 Rivers Edge Rd N.	4. FEI Number 59-2755318	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 -	Suite, Apt. #, etc. 27 -	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 ~~St Augustine~~ Fl	City & State 28 St Augustine Fl	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / County 24 / 25	Zip / County 29 32092 / 30 St Johns	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADAMS, JOHN B 3536 N. UNIVERSITY BLVD. SUITE 230 JACKSONVILLE FL 32211	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	V ☒ Change ☐ Addition
NAME	ADAMS, JOHN BEACH	12 NAME	Adams, John Beach
STREET ADDRESS	4368 FERN CREEK DR.	13 STREET ADDRESS	112 Rivers Edge Rd. N
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	St Augustine Fl. 32092
TITLE	P	21 TITLE	P ☒ Change ☐ Addition
NAME	ADAMS, NAN SHERRY KESLER	22 NAME	Adams, Nan Sherry Kesler
STREET ADDRESS	4368 FERN CREEK DRIVE	23 STREET ADDRESS	112 Rivers Edge Rd. N.
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	St Augustine Fl. 32092
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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: John B Adams 4-1-95 904-744-0685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007308 CP