

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90009 026 ***150.00

DOCUMENT #

1. Corporation Name

546857
Adams Office and Building
Maintenance Inc.

Principal Place of Business

Mailing Address

112 Rivers Edge Rd N.
St. Augustine Fl. 32092

P.O. Box 54218
Jacksonville Fl.
32245 - 4218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

~~5-24-99~~

4. FEI Number

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

2. Principal Place of Business

21 Jacksonville

2a. Mailing Address

26 P.O. Box 54218

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

28 Jacksonville Fl.

24 Zip

Country

29 Zip

Country

32245

30

Duval

9. Name and Address of Current Registered Agent

John B Adams
112 Rivers Edge Rd. N.
St Augustine Fl. 32092

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

Pres. St
Sherry K Adams
112 Rivers Edge Rd N.
St Aug. Fl. 32092

TITLE NAME ☐ DELETE

John B Adams
112 Rivers Edge Rd N.
St Aug Fl 32092

TITLE NAME ☒ DELETE

John B Adams Jr.
112 Rivers Edge Rd N.
St Aug Fl. 32092

TITLE NAME ☒ DELETE

Treas
Angela R. Adams
112 Rivers Edge Rd N.
St Augustine Fl 32092

TITLE NAME ☐ DELETE

John B Adams
112 Rivers Edge Rd N.
St Augustine Fl 32092

TITLE NAME ☐ DELETE

John B Adams
112 Rivers Edge Rd N.
St Augustine Fl 32092

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Same

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Same

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

None

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

None

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John B Adams John B Adams 5-24-99

CR2E034 (11/98)