

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 APR 10 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K59546 (7)

1. Corporation Name
A J ADE, INC.

Principal Place of Business
C/O ANTHONY ADE
8540 U.S. #1
SEBASTIAN FL 32976-2615

Mailing Address
C/O ANTHONY ADE
8540 U.S. #1
SEBASTIAN FL 32976-2615

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/20/1989

3a. Date of Last Report
07/20/1994

4. FEI Number
59-2922087

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 90 NELSON ADE, JR

26 NELSON ADE, JR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 8540 U.S. #1

27 8540 U.S. #1

City & State

City & State

23 Sebastian, FL

28 Sebastian, FL

Zip

Country

Zip

Country

24 32967

29 32967

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADE, ANTHONY
8540 U.S. #1
SEBASTIAN FL 32958

81 Name

NELSON ADE JR

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

8540 U.S. #1

83

84 City

Sebastian

FL

85 Zip Code

32967

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

Nelson ADE, Jr.

(NOTE: Registered Agent signature required when transferring)

4-1-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
ADE, ANTHONY J.
8540 U.S. #1
SEBASTIAN FL

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

Delete

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D-
ADE, DONIS H.
8540 U.S. #1
SEBASTIAN FL

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Delete

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

P NELSON ADE, JR.
8540 U.S. #1
Sebastian, FL 32967

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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)(g), 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:

Nelson ADE, Jr.

NELSON ADE, JR. 4-1-95

407-664-3105