

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L04738** (5)

1. Corporation Name  
**T. M. ADAMS, INC.**



Principal Place of Business  
**3435 VALLEY RANCH DRIVE  
LUTZ FL 33549**

Mailing Address  
**3435 VALLEY RANCH DRIVE  
LUTZ FL 33549**

3. Date Incorporated or Qualified  
**07/26/1989**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**65-0114515**

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  
21 **1350 South Howard Ave.**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Tampa, Florida**

2a. Mailing Address  
26 **2 Adalia Ave.**  
Suite, Apt. #, etc.  
27 **#802**  
City & State  
28 **Tampa, Florida**

Zip Country  
24 **33609** **USA**

29 **33606** **USA**

9. Name and Address of Current Registered Agent

**ADAMS, THOMAS M.  
1350 S. HOWARD  
TAMPA FL 33609**

10. Name and Address of New Registered Agent

81 Name  
**Roth, Andre A.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2 Adalia Ave.**

83  
**#802**

84 City  
**Tampa**

85 Zip Code  
**FL 33606**

11. Pursuant to the provisions of Sections 607.0503 and 607.0508, 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 the corporation

**Andre A. Roth**

(NOTE: Registered Agent signature required when reinstating)

**February 1, 1996**

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
<b>DP</b>	<b>ADAMS, TOM</b>	<b>3435 VALLEY RANCH DRIVE</b>	<b>LUTZ FL</b>	<input checked="" 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
<b>DP</b>	<b>Roth, Andre A.</b>	<b>2 Adalia Ave., #802</b>	<b>Tampa, Florida 33606</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
<b>DST</b>	<b>Roth, Charlene H.</b>	<b>2 Adalia Ave., #802</b>	<b>Tampa, Florida 33606</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition

4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition

5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition

6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 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 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

**Andre A. Roth, President 2/1/96 (813) 251-6659**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)