

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 # M82952 (6)

1. Corporation Name

ADAMS REAL ESTATE, INC.



Principal Place of Business

P.O. BOX 216
SUITE 12
DESTIN FL 32540-0216
US

Mailing Address

5160 HWY 98 EAST
SUITE 12
DESTIN FL 32541

3. Date Incorporated or Qualified
05/27/1988

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

4. FEI Number
59-2891224

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 10221 HWY 98 WEST

26 PO BOX 216

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 12

27

City & State

City & State

23 DESTIN, FL

28 DESTIN, FL

Zip

Country

Zip

Country

24 32541

25

29 32540

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, JAMES F
5160 HWY 98E
SUITE 12
DESTIN FL 32541

81 Name

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

83 10221 HIGHWAY 98 WEST

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 date of appointment

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME ADAMS, JAMES F.
STREET ADDRESS 115 INDIAN BAYOU DRIVE
CITY-ST-ZIP DESTIN FL 32541

TITLE V ☒ DELETE
NAME LEGER, GLENDA G
STREET ADDRESS 5219 BEACH DR. GULF PINES
CITY-ST-ZIP DESTIN FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME A. HUNTER NORMAN
2.3 STREET ADDRESS 101 MANTERO WAY
2.4 CITY-ST-ZIP DESTIN, FL 32541

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 if changed, or on an attachment with an address.

SIGNATURE:

James F. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/96

904-837-3145
Daytime Phone #

CR2E034 (12/95)