PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # M82952



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90020 015 ***150.00

ADAMS	REAL ESTATE, INC.								0
Principal Plac	e of Business	Mailing Address						ŧ #10 11 010 11	OSOCI DIDIL CODI
•		P.O. BOX 216			- [
10221 HWY 98 WEST P.O. BOX 216 SUITE 12 DESTIN FL 32540									
DESTIN FL 32541 US					ľ	DO NOT WRITE IN	THIS S	PACE	
US					Ì	3. Date Incorporated or Qualifed			
						05/27/1988			ŀ
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		I A	pplied For
	Emerald Coast Park	<u> </u>				59-2891224		N	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75	Additional
	., -1	27				5. Certifcate of Status Desired		•	equired
22 City & Stat	le =	City & State				6. Election Campaign Financing		\$5.00	May Be
		28		•	ļ	Trust Fund Contribution			to Fees
23 Zip	Country	Zip	Country	,		8. This corporation owes the current ye	ear Intar		
—	25	29 30]			Personal Property Tax.		∃Yes	□No
24	9. Name and Address of Currer				<u>1</u>	10. Name and Address of New Regis	tered A	gent	
	Hamile and Addiese of Callet		81	Name				74 ************************************	
ADA	MS, JAMES F		<u> </u>	<u> </u>					
	21 HIGHWAY 98 WEST		82	Street A	Addres	s (P.O. Box Number is Not Acceptable) Emerald Coast Parkway	Wes	t	
	E 12		83			Linerard Coase Tarkway	WCS	_	
	TIN FL 32541		03						
550	1111 6 050 11		84	City			F:	85 Zip	Code
						ation submits this statement for the purp	<u>FL</u>	Щ.,	
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes	i. 		s board of directors. I hereby accept the	NTE		
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECT	
TITLE	P	(DELETE	1.1 TITLE					Change	☐ Addition
NAME	ADAMS, JAMES F.		1.2 NAME						
STREET ADDRESS	115 INDIAN BAYOU DRIVE		1.3 STREE	TADDRESS	41	21 Indian Trail)
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-S	ST-ZIP		stin, FL 32541			1
TITLE	V	☐ DELETE	2.1 TITLE			<u></u>		Change	☐ Addition
NAME			2.2 NAME						
	AGA MANDEDO MAN			T ADDRESS					1
STREET ADDRESS									
CITY-ST-ZIP	DESTIN FL	DELETE	2.4 CITY-1	S1-ZIP				☐ Change	☐ Addition
TITLE "	· -	- LI DELETE		1		•	-		
NAME			3.2 NAME						1
STREET ADDRESS									
CITY-ST-ZIP				TADDRESS					Addition
TITLE			3.4. CITY-					Chanco	
NAME		☐ OELETE	3.4. CITY-5 4.1 TITLE	ST-ZIP				Change	
STREET ADDRESS		☐ DELETE	3.4. CITY-	ST-ZIP				Change	
		☐ DELETE	3.4. CITY-1 4.1 TITLE 4. 2 NAME	ST-ZIP				Change	
CITY-ST-ZIP	·		3.4. CITY-1 4.1 TITLE 4. 2 NAME	ST-ZIP					
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-3 4.1 TITLE 4. 2 NAME 4.3 STREE	ST-ZIP		<u> </u>		☐ Change	
			3.4. CITY-3 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5	ST-ZIP		<u>.</u>			
TITLE			3.4. CITY-3 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME	ST-ZIP		<u>.</u>			
TITLE NAME STREET ADDRESS			3.4. CITY-3 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-5 5.1 TITLE 5.2 NAME	ST-ZIP ST ADDRESS ST-ZIP ST ADDRESS					
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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: