

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90036 043 ****61.25

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DOCUMENT # N18591

1. Corporation Name

ADAMS GARDEN OF SON SHINE, INC.

Principal Place of Business

360 WILSHIRE BLVD., SUITE 104
SUITE 104
CASSELBERRY FL 32707

Mailing Address

360 WILSHIRE BLVD., SUITE 104
SUITE 104
CASSELBERRY FL 32707



2. Principal Place of Business

21 853 Semoran Blvd.

Suite, Apt. #, etc.

22 Ste 133

City & State

23

Zip

24

Country

25

2a. Mailing Address

26 853 Semoran Blvd.

Suite, Apt. #, etc.

27 Ste 133

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

12/31/1986

4. FEI Number

59-2800478

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

9. Name and Address of Current Registered Agent

ADAMS, EARL R.
360 WILSHIRE BLVD., SUITE 104
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name

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

83 853 SEMORAN BLVD, Ste 133

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 PD ☐ DELETE

NAME ADAMS, EARL R.
STREET ADDRESS 360 WILSHIRE BLVD #104
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE D ☐ DELETE

NAME RUSSELL, FREDERICK
STREET ADDRESS 323 MELODY LANE
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE DTS ☐ DELETE

NAME ADAMS, GLENDA L.
STREET ADDRESS 1011 ALBERTA ST
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

☒ Change ☐ Addition

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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 617, 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:

Earl R. Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

407 767 0200

Daytime Phone #

CR2E037 (11/98)