SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

APPROVED AND FILED

97 OCT -6 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # N96000004820 (4)

1. Corporation Name

ADJUTANT INTERNATIONAL DEVELOPMENT (AID), INC.

Principal Place of Business	Mailing Address
236 3RD ST N NAPLES FL 34102	P O BOX 2741 NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1996
3a. Date of Last Report:

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

SOUTHEST PROFESSIONAL SVS OF FT MYERS, INC
13611 MCGREGOR BLVD, SUITE 3
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: David J Mitchell
82 Street Address (P.O. Box Number is Not Acceptable): 236 3rd Street N.
83
84 City: Naples FL 85 Zip Code: 34102

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: X _____ 9/15/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE T	President ☐ DELETE	1.1 TITLE	P/T/S/D ☐ Change ☒ Addition
NAME	David J. Mitchell	1.2 NAME	David J Mitchell
STREET ADDRESS	236 3rd St N	1.3 STREET ADDRESS	236 3rd Street N
CITY-ST-ZIP	Naples, FL 34102	1.4 CITY-ST-ZIP	Naples, FL 34102
TITLE T	Vice President ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Fred Masco	2.2 NAME	
STREET ADDRESS	4838 Tahiti Ln.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 43112	2.4 CITY-ST-ZIP	
TITLE T	Secretary/Treasurer ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Daniel h. Galvin	3.2 NAME	600002315316--0
STREET ADDRESS	251 3rd St. N.W.	3.3 STREET ADDRESS	-10/08/97--01094--020
CITY-ST-ZIP	Naples, FL 34120	3.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	A. Alan
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	10/6/97 ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (4/97)

14. I do 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.

SIGNATURE: X ~~SIGNATURE REQUIRED~~ David J. Mitchell 9/15/97 (941)434-0358