

FILE NOW: FILING FEE IS \$61.25

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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90119 040 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001195

1. Corporation Name
ADALIA SERVICES INC.

Principal Place of Business 1512 ELBERTA DRIVE TALLAHASSEE FL 32304	Mailing Address 1512 ELBERTA DRIVE TALLAHASSEE FL 32304
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2. Principal Place of Business 21 <u>1637 Harris St.</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>1637 Harris St</u> Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/03/1997
22	27	4. FEI Number 59-3436294
23 City & State Tallahassee FL	28 City & State Tallahassee FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32310	25 Country U.S.	29 Zip 32310
30 Country U.S.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent ETHRIDGE, ANDRIA 1512 ELBERTA DRIVE TALLAHASSEE FL 32304	10. Name and Address of New Registered Agent 81 Name Andria Walker 82 Street Address (P.O. Box Number is Not Acceptable) 1637 Harris St. 83 84 City Tallahassee FL 85 Zip Code 32310
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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 Andria Walker - Pres. Andria Walker DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETHRIDGE, ANDRIA	1.2 NAME	Andria Walker
STREET ADDRESS	1512 ELBERTA DRIVE	1.3 STREET ADDRESS	1637 Harris St.
CITY-ST-ZIP	TALLAHASSEE FL 32304	1.4 CITY-ST-ZIP	Tallahassee FL 32310
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLTON, ARDELIA	2.2 NAME	Ardelia Charlton
STREET ADDRESS	1512 ELBERTA DRIVE	2.3 STREET ADDRESS	1637 Harris St.
CITY-ST-ZIP	TALLAHASSEE FL 32304	2.4 CITY-ST-ZIP	Talla. FL 32310
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, ANGELA	3.2 NAME	Angela Hutchinson
STREET ADDRESS	1512 ELBERTA DRIVE	3.3 STREET ADDRESS	1637 Harris St.
CITY-ST-ZIP	TALLAHASSEE FL 32304	3.4 CITY-ST-ZIP	Talla. FL 32310
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, CONNIE	4.2 NAME	Connie Davis
STREET ADDRESS	1512 ELBERTA DRIVE	4.3 STREET ADDRESS	1637 Harris St.
CITY-ST-ZIP	TALLAHASSEE FL 32304	4.4 CITY-ST-ZIP	Talla. FL. 32310
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCQUEEN, SONYA	5.2 NAME	Sonya McQueen
STREET ADDRESS	1512 ELBERTA DR.	5.3 STREET ADDRESS	1637 Harris St.
CITY-ST-ZIP	TALLAHASSEE FL 32304	5.4 CITY-ST-ZIP	Talla. FL 32310
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Andria Walker, President 4-14-99 574-1241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)