

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P92000014447 (6)

1. Corporation Name
ADAMS LP GAS OF LAKE CITY, INC.



Principal Place of Business

ROUTE 12, BOX 3
LAKE CITY FL 32055
US

Mailing Address

ROUTE 12, BOX 3
LAKE CITY FL 32055

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1992

4. FEI Number

59-3168392

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

21 RT. 23 BOX 1200

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

Zip

32025

County

Colombia

2a. Mailing Address

26 RT. 23, BOX 1200

Suite, Apt. #, etc.

City & State

LAKE CITY, FL

Zip

32025

County

Colombia

9. Name and Address of Current Registered Agent

ADAMS, M J
ROUTE 12, BOX 3
LAKE CITY FL 32055

10. Name and Address of New Registered Agent

81 Name

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

RT. 23, BOX 1200

83

84 City

LAKE CITY

FL

85 Zip Code

32025

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

ADAMS, JENNEL
RT. 12 BOX 3
LAKE CITY FL

TITLE NAME ☐ DELETE

ADAMS, JAMES A.
RT. 12 BOX 3
LAKE CITY FL

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

RT. 23 BOX 1200
LAKE CITY, FL 32025

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

RT. 23, BOX 1200
LAKE CITY,

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

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.

SIGNATURE *Sandra B. Mortham* 1/1/98 (004) 258-1497

CR2E034 (10/97)