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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Morthain

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000029036 (9)

JUDGE DON T. ADAMS MEMORIAL SCHOLARSHIP FUND. IN

Principal Place of Business

Mailing Address

1616 E MAIN STREET

1616 E MAIN STREET

FILED Jul 07 1998 8:00am Secretary of State



PAHOKEE FL 33478 PAHOKEE FL 33476 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/19/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable 65-0414213 Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country 240 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 ROBERTS, DONIA A 1616 E MAIN ST 82 Street Address (P.O. Box Number is Not Acceptable) PAHOKEE FL 33476 R3 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 proted name of regreered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE TITLE 1.1 TITLE Change Addition **ADAMS, FRANCES E** NAME Roberts, Donia A. 1616 E Main Street 1.2 NAME **16**16 E MAIN ST STREET ADDRESS 1.3 STREET ADDRESS Pahokee, Fl **PAHOKEE FL 33476** 33476 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE 3 1 11TLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CiTY-ST-ZIP DELFTE TITLE 4.1 THLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE TITLE ☐ Change 6.1 TITLE 000002583810 -07/09/98--01010--012 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS ***150.00 CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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