

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000039053 (2)

1. Corporation Name

A & D SOLUTIONS, INC.

FILED
95 JAN 23 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
903 GOLF ISLAND DR.
APOLLO BEACH FL 33572 903 GOLF ISLAND DR.
APOLLO BEACH FL 33572

2. Principal Place of Business 2a. Mailing Address
21 100 FRANDERSON Circle 26 100 FRANDERSON Circle
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 STE 103 27 STE # 103
City & State City & State

24 33572 25 Hillsborough 29 33572 30 Hillsborough
Zip Country Zip Country

9. Name and Address of Current Registered Agent
SILIATI, ALFRED D
903 GOLF ISLAND DR.
APOLLO BEACH FL 33572

3. Date Incorporated or Qualified 05/28/1993 3a. Date of Last Report 03/15/1994

4. FEI Number 59-3186087 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 must be of president or registered agent and be legible)

(NOTE: This third Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	SILIATI, ALFRED D	1.2 NAME	
STREET ADDRESS	903 GOLF ISLAND DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	APOLLO BEACH FL 33572	1.4 CITY- ST- ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 19.02(9)(b), Florida Statutes. I further certify that the information included 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on a call sheet.

SIGNATURE:

Alfred D. Siliati ALFRED D. SILIATI
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OF DIRECTOR OR DIRECTOR

1/11/95

813 641-1645