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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mort
Secretary of St
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:15

DOCUMENT # P93000056514 (1)

1. Corporation Name

ADGI, INC.

Principal Place of Business	Mailing Address
3787 OLD MIDDLEBURG RD. SUITE 3 JACKSONVILLE FL 32210 US	3787 OLD MIDDLEBURG RD. SUITE 3 JACKSONVILLE FL 32210 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/26/1993

3a. Date of Last Report: 01/31/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-3198059 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $0.75 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

9. Name and Address of Current Registered Agent

BASS, ROBERT W.
3787 OLD MIDDLEBURG RD.
SUITE 3
JACKSONVILLE FL 32210

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 _____ 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	D	1.1 TITLE	P,D	☒ Change ☐ Addition
NAME	BASS, ROBERT W	1.2 NAME		
STREET ADDRESS	1436 RIVERGATE DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	SCHRIEFER, FRED	2.2 NAME		
STREET ADDRESS	8649 ALLWINE CT.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32244	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	MCMAHON, STEPHEN	3.2 NAME		
STREET ADDRESS	11259 SOUTHINGTON PLACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257	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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Robert W. Bass, Pres. 1/12/95 904/778-1188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017071 CP