FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:09

DOCUMENT # P93000070658 (8)

1. Corporation Name
ADLU, INC.

Principal Place of Business
1342 COLONIAL BLVD
SUITE 34
FT MYERS FL 33907

Mailing Address
PO BOX 1020
FT MYERS FL 33902
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21)	2075 W. FIRST STREET
Suite, Apt. #, etc. (22)	SUITE 300
City & State (23)	FORT MYERS, FL
Zip (24)	33901
Country (25)	LEE
2a. Mailing Address (26)	
Suite, Apt. #, etc. (27)	
City & State (28)	
Zip (29)	
Country (30)	

3. Date Incorporated or Qualified	10/12/1993
3a. Date of Last Report	06/14/1994
4. FEI Number	65-0441224 — 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

9. Name and Address of Current Registered Agent

WILTSHIRE, WARREN B JR
1342 COLONIAL BLVD
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2075 WEST FIRST STREET, SUITE 300
83	
84 City	FORT MYERS
FL	
85 Zip Code	33901

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	D
NAME	WILTSHIRE, WARREN B JR
STREET ADDRESS	1342 COLONIAL BLVD SUITE 34
CITY-ST-ZIP	FT MYERS FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT & DIRECTOR	☒ Change ☐ Ad
1.2 NAME		
1.3 STREET ADDRESS	2075 WEST FIRST STREET, SUITE 300	
1.4 CITY-ST-ZIP	FORT MYERS, FL 33901	
2.1 TITLE		☐ Change ☐
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Additio
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: Warren B. Wiltshire Jr. PRESIDENT 1-24-95 813-334-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WARREN B. WILTSHIRE, JR.

0440834 FP