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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:19

DOCUMENT # **P93000087092 (1)**

1. Corporation Name
RICHARD M. ADAMS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
% RICHARD M. ADAMS 16840 BACHMANN AVENUE, UNIT 6 HUDSON FL 34667	% RICHARD M. ADAMS 16840 BACHMANN AVENUE, UNIT 6 HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1993
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business	2a. Mailing Address
21 Richard M. Adams	26 Richard M. Adams
Suite, Apt. #, etc. 22 9603 State Rd. 52	Suite, Apt. #, etc. 27 9603 State Rd. 52
City & State 23 Hudson, FL.	City & State 28 Hudson, FL.
Zip 24 34669 Country 25 USA	Zip 29 34669 Country 30 USA

4. FEI Number: 59-3214231 ☐ 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	10. Name and Address of New Registered Agent
ADAMS, RICHARD M 16840 BACHMANN AVENUE UNIT 6 HUDSON FL 34667	81 Name: Richard M. Adams 82 Street Address (P.O. Box Number is Not Acceptable): 9603 State Rd. 52 83 84 City: Hudson FL 85 Zip Code: 34669

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: Richard M. Adams — Richard M. Adams — 3/30/95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ADAMS, RICHARD M	12 NAME	
STREET ADDRESS	13624 STACEY DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	14 CITY-ST-ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Richard M. Adams — Richard M. Adams — 3/30/95 — 813-862-3857
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

D97351A OR