


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000087092 (1)**

1. Corporation Name

RICHARD M. ADAMS ENTERPRISES, INC.



Principal Place of Business

RICHARD M. ADAMS
10337 STATE RD. 52
HUDSON FL 34669
US

Mailing Address

10337 STATE ROAD 52
~~**6000 STATE ROAD 52**~~
HUDSON FL 34669-3005
US

2. Principal Place of Business

21 Suite, Apt. #, etc

23 City & State

24 Zip Country

2a. Mailing Address

26 **10337 SR 52**

27 Suite, Apt. #, etc.

28 **HUDSON FL.**

29 **34669** 30 **US.**

3. Date Incorporated or Qualified
12/21/1993

3a. Date of Last Report
04/30/1996

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

ADAMS, RICHARD M
10337 STATE ROAD 52
~~**UNIT 8**~~
HUDSON FL 34669

10. Name and Address of New Registered Agent

81 Name **Richard M. Adams**
82 Street Address (P.O. Box Number is Not Acceptable)
10337 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

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** ☐ DELETE
NAME **ADAMS, RICHARD M**
STREET ADDRESS **13122 SLASH PINE DR, E-1**
CITY-ST-ZIP **HUDSON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
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 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 as registered, or as an appointment with an address.

SIGNATURE

Richard M. Adams
Richard M. Adams

2/13/97 (812) 857-0070

CR2E034 (9/96)