

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000032615 (4)

1. Corporation Name

ADAMS ALUMINUM AND CONCRETE, INC.

Principal Place of Business

3900 NE 86TH LN
ANTHONY FL 32617

Mailing Address

3900 NE 86TH LN
ANTHONY FL 32617

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/26/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

PO BOX 898

Suite, Apt. #, etc.

4. FBI Number

59-3230863

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

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

Country

29

Zip

Country

32617

MARION

9. Name and Address of Current Registered Agent

ADAMS, SONJALE M
3900 NE 86TH LN
ANTHONY FL 32617

10. Name and Address of New Registered Agent

81 Name

Glen A Adams

82 Street Address

3900 NE 86th Lane

83

84 City

Anthony

FL

85 Zip Code

32617

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

GLEN A. ADAMS

Glen A Adams

3-18-95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President
Glen A Adams
3900 NE 86th Lane
Anthony, FL 32617

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SECRETARY
RUSSELL K. ADAMS
1524 SE 37th AVE
OCALA, FL 34471

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

P

GLEN A. ADAMS

3900 NE 86TH LANE, PO BOX 898

ANTHONY, FL 32617

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

S

RUSSELL K. ADAMS

1524 SE 37th AVE

OCALA, FL 34471

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

RUSSELL K. ADAMS

Russell K Adams

3/18/95

(904) 694-2316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE (Area)