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FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000038074 (8)

1. Corporation Name  
ADAMJARID, INC.

Principal Place of Business  
36429 US HWY 19 N  
PALM HARBOR FL 34689  
US

Mailing Address  
36429 US HWY 19 N  
PALM HARBOR FL 34684-1329  
US



2. Principal Place of Business  
21 78 HIGHWAY 40 WEST  
Suite, Apt. #, etc.  
22  
City & State  
23 INGLIS, FLORIDA  
Zip  
24 34449  
Country  
25 USA  
2a. Mailing Address  
26 P.O. Box 310  
Suite, Apt. #, etc.  
27  
City & State  
28 YANKEETOWN, FLORIDA  
Zip  
29 34498-0310  
Country  
30 USA

3. Date Incorporated or Qualified  
05/20/1984  
3a. Date of Last Report  
03/01/1986  
4. FEI Number  
59-3246956  
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 taxes under  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BERTA, JOHN H  
36429 US HWY 19N  
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
78 HIGHWAY 40 WEST  
83  
84 City  
INGLIS  
FL 85 Zip Code  
34449

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	DP	<input type="checkbox"/> DELETE
NAME	BERTA, JOHN H	
STREET ADDRESS	36429 US HWY 19N	
CITY - ST - ZIP	PALM HARBOR FL 34689	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BERRY, JULIE R	
STREET ADDRESS	36429 US HWY 19 N	
CITY - ST - ZIP	PALM HARBOR FL 34689	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	5603 RIVERSIDE DRIVE
1.3 STREET ADDRESS	YANKEETOWN, FL. 34498
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	5603 RIVERSIDE DRIVE
2.3 STREET ADDRESS	YANKEETOWN, FL. 34498
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-97 (352) 447-5868

CR2E034 (9/96)