

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

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May 09 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 # P94000086323 (0)

1. Corporation Name
AD SPECIALTIES, INC.



Principal Place of Business Mailing Address
~~600 SOUTH BARRACKS, NUMBER 202~~ ~~600 SOUTH BARRACKS, NUMBER 202~~
PENSACOLA FL 32501 PENSACOLA FL 32501-6000

Address Change

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | 804 S. PALAFOX ST | 26 | 804 S. PALAFOX ST | 11/23/1994 | 03/19/1996 |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 4. FEI Number | Applied For |
| 23 | PENSACOLA, FL | 28 | PENSACOLA, FL | 59-3280602 | Not Applicable |
| 24 | 32501 | 29 | 32501 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 25 | US | 30 | US | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution | |
| 24 | | 29 | | <input type="checkbox"/> | |
| 25 | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | |
| 26 | | 31 | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BRETT, ANN J 600 SOUTH BARRACKS, NUMBER 202 PENSACOLA FL 32501 | | | | 81 Name | | | |
| Address Change Only | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 804 S. PALAFOX ST. | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | PENSACOLA FL | | | |
| | | | | 85 Zip Code | | | |
| | | | | 32501 | | | |

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 Ann Brett ANN BRETT SECRETRES 4/26/97
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 | PD | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | RUSSENBARGER, VALERIE J | | 1.2 NAME | | | | |
| STREET ADDRESS | 10 PORT ROYAL WAY | | 1.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | PENSACOLA FL | | 1.4 CITY-ST-ZIP | | | | |
| TITLE | STD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | BRETT, ANN J | | 2.2 NAME | | | | |
| STREET ADDRESS | 10 PORT ROYAL WAY | | 2.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | PENSACOLA FL | | 2.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | 3.2 NAME | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | 4.2 NAME | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | 5.2 NAME | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | 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)(j), 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: Ann Brett ANN BRETT 4/26/97

CR2E034 (9/96)