

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

FILED
Apr 04 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 # 1. Corporation Name A-DOT SERVICES, INC.		P95000005726																																																																																																															
Principal Place of Business 1520 Orchid Road North Ft. Myers, FL 33903		Mailing Address 1520 Orchid Road North Ft. Myers, FL 33903																																																																																																															
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/19/1995 3a. Date of Last Report 02/27/1996 4. FLL Number 65-0549985 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 Robert A. Winesett 2248 First Street Fort Myers, FL 33901				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code																																																																																																													
11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 (zip code) (the FLL Number of Agent signature required when reappointing) DATE																																																																																																																	
12. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>DPST</td><td>☐ DELETE</td></tr><tr><td>NAME</td><td>Vititow, John M.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1520 Orchid Road</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>N. Ft. Myers, FL 33903</td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td>☐ DELETE</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>			TITLE	DPST	☐ DELETE	NAME	Vititow, John M.		STREET ADDRESS	1520 Orchid Road		CITY - ST - ZIP	N. Ft. Myers, FL 33903		TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			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 <table border="1"><tr><td>11 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>12 NAME</td><td></td></tr><tr><td>13 STREET ADDRESS</td><td></td></tr><tr><td>14 CITY - ST - ZIP</td><td></td></tr><tr><td>21 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>22 NAME</td><td></td></tr><tr><td>23 STREET ADDRESS</td><td></td></tr><tr><td>24 CITY - ST - ZIP</td><td></td></tr><tr><td>31 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>32 NAME</td><td></td></tr><tr><td>33 STREET ADDRESS</td><td></td></tr><tr><td>34 CITY - ST - ZIP</td><td></td></tr><tr><td>41 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>42 NAME</td><td></td></tr><tr><td>43 STREET ADDRESS</td><td></td></tr><tr><td>44 CITY - ST - ZIP</td><td></td></tr><tr><td>51 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>52 NAME</td><td></td></tr><tr><td>53 STREET ADDRESS</td><td></td></tr><tr><td>54 CITY - ST - ZIP</td><td></td></tr><tr><td>61 TITLE</td><td>☐ Change ☐ Addition</td></tr><tr><td>62 NAME</td><td></td></tr><tr><td>63 STREET ADDRESS</td><td></td></tr><tr><td>64 CITY - ST - ZIP</td><td></td></tr></table>			11 TITLE	☐ Change ☐ Addition	12 NAME		13 STREET ADDRESS		14 CITY - ST - ZIP		21 TITLE	☐ Change ☐ Addition	22 NAME		23 STREET ADDRESS		24 CITY - ST - ZIP		31 TITLE	☐ Change ☐ Addition	32 NAME		33 STREET ADDRESS		34 CITY - ST - ZIP		41 TITLE	☐ Change ☐ Addition	42 NAME		43 STREET ADDRESS		44 CITY - ST - ZIP		51 TITLE	☐ Change ☐ Addition	52 NAME		53 STREET ADDRESS		54 CITY - ST - ZIP		61 TITLE	☐ Change ☐ Addition	62 NAME		63 STREET ADDRESS		64 CITY - ST - ZIP	
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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 named on an attachment with an address.																																																																																																																	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																																	

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(941) 656-0483