


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

FILED  
Mar 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000015596 (6)**

1. Corporation Name  
**ADSHADE, INC.**

Principal Place of Business

Mailing Address

**535 CANAL RD.  
PONTE VEDRA BEACH FL 32082**

**535 CANAL RD.  
PONTE VEDRA BEACH FL 32082**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/23/1995**

4. FEI Number

**59-3301890**

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**ANDERSON, BRUCE R JR  
OCEAN SOUTH  
3500 S. THIRD ST.  
JACKSONVILLE BEACH FL 32250**

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 607.1508, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b>	1.1 TITLE	<b>VST</b>
NAME	<b>ADSHADE, LINLEIGH R</b>	1.2 NAME	<b>Linleigh R. Adshade</b>
STREET ADDRESS	<b>535 CANAL RD.</b>	1.3 STREET ADDRESS	<b>535 Canal Road</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	1.4 CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>
TITLE	<b>VST</b>	2.1 TITLE	<b>DPT</b>
NAME	<b>ADSHADE, CHRISTINE A</b>	2.2 NAME	<b>Christine A. Adshade</b>
STREET ADDRESS	<b>535 CANAL RD.</b>	2.3 STREET ADDRESS	<b>535 Canal Road</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	2.4 CITY-ST-ZIP	<b>Ponte Vedra Beach, FL 32082</b>
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

*Christine A. Adshade* 2-23-98 941-285-8572

CR2E034 (10/97)