

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90010 027 \*\*\*150.00

DOCUMENT # P95000041880

1. Corporation Name  
ADR GROUP, INC.

Principal Place of Business  
24035 GEESE CIR  
LAND O'LAKES FL 34639

Mailing Address  
P O BOX 545  
LUTZ FL 33549



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/24/1995

4. FEI Number  
59-3322222

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 16110 N. Florida Ave.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 16110 N. Florida Ave.  
Suite, Apt. #, etc.

22 City & State  
Lutz, FL  
23 Zip Country  
33549 USA

27 City & State  
Lutz, FL  
28 Zip Country  
33549 USA

9. Name and Address of Current Registered Agent

ROEDER, A. DALE  
24035 GEESE CIR  
LAND O'LAKES FL 34639

10. Name and Address of New Registered Agent

81 Name William R. Schaefer  
82 Street Address (P.O. Box Number is Not Acceptable)  
16110 N. Florida Ave.  
83  
84 City Lutz FL 85 Zip Code 33549

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

3-15-99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	ROEDER, A. DALE	24035 GEESE CIR	LAND O'LAKES FL 34639	<input checked="" type="checkbox"/>
	William R. Schaefer	16110 N. Florida Ave.	Lutz, FL 33549	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President/Owner	William R. Schaefer	16110 N. Florida Ave.	Lutz, FL 33549	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)