**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)**

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

**APPROVED AND FILED**
**1996 AUG 28 PM 3:38**
**SECRETARY OF STATE TALLAHASSEE, FLORIDA**

DOCUMENT # **P95000049416 (7)**

1. Corporation Name
**ADAMS PLAZA, INC.**

Principal Place of Business
**140 W MONROE STREET**
**JACKSONVILLE FL**

Mailing Address
**140 W MONROE STREET**
**JACKSONVILLE FL**

3. Date Incorporated or Qualified: **06/21/1995**
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt #, etc (22) / Suite, Apt #, etc (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

4. FEI Number: 59-3363842 — 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 tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**
**GAUDRY, CHARLES**
**140 W MONROE STREET**
**JACKSONVILLE FL**

**10. Name and Address of New Registered Agent**
81 Name: KIRSCHNER MAIN GRAHAM TANNER + DE MONT
82 Street Address (P.O. Box Number is Not Acceptable): ONE INDEPENDENT DRIVE, SUITE 2000
83 Signature: Michael J. Tanner
84 City: JACKSONVILLE FL 85 Zip Code: 32202

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: Michael J. Tanner — Vice President — 8/07/96
(If Registered Agent is a corporation, this must be signed by an officer or director of the registered agent.)

**12. OFFICERS AND DIRECTORS**

| | | |
|---|---|---|
| TITLE | D | ☐ DELETE |
| NAME | GAUDRY, CHARLES | |
| STREET ADDRESS | 140 W MONROE STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| TITLE | D | ☒ DELETE |
| NAME | WILLIAMS, JAMES B | |
| STREET ADDRESS | 140 W MONROE STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| TITLE | D | ☐ DELETE |
| NAME | MUYERS, DAVID | |
| STREET ADDRESS | 140 W MONROE STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| 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**

| | | |
|---|---|---|
| 1.1 TITLE | STD | ☒ Change ☐ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | 400001939304 | ☐ Change ☐ Addition |
| 2.2 NAME | -09/05/96--01025--006 | |
| 2.3 STREET ADDRESS | ****225.00 ****225.00 | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | PD | ☒ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | VD | ☐ Change ☒ Addition |
| 4.2 NAME | ROBERT VAN WINKEL | |
| 4.3 STREET ADDRESS | 140 W. MONROE ST | |
| 4.4 CITY-ST-ZIP | JACKSONVILLE, FL 32202 | |
| 5.1 TITLE | D | ☐ Change ☒ Addition |
| 5.2 NAME | Robert Knight | |
| 5.3 STREET ADDRESS | 140 W. Monroe st | |
| 5.4 CITY-ST-ZIP | Jacksonville Fl 32202 | |
| 6.1 TITLE | D | ☐ Change ☒ Addition |
| 6.2 NAME | MARTIN PETRIE | |
| 6.3 STREET ADDRESS | 140 W. MONROE ST | |
| 6.4 CITY-ST-ZIP | JACKSONVILLE FL 32202 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** Robert Knight Director 8/21/96 (904) 358-8804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert M Knight Jr.

CR2E034 (3/96)