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.) FLORIDA DEPARTMENT OF STATE

**PROFIT** CORPORATION ANNUAL REPORT

1006



Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

1000	794 MAN	
DOCUMENT #	P95000050363	<b>(7)</b>

ADHY ENTERPRISES, INC.

Mailing Address

12335 V	ILL	AGER CT
TAMPA	FL	33625

Principal Place of Business

12335 VILLAGER CT 12335 VILLAGER CT TAMPA FL 33625						Date incorporated or Qualified     06/23/1995	3a. Da	ate of Last Report	For		
. Principal Place of Business 2a. Mailing Address						4. FEI Number 59-33251	39	Not App			
]		26	Ant :	# elc				<del></del>	[]	\$8.75 Additio	
Suite, Apt. #, etc.		27	Suite, Apt. #, etc					5. Certificate of Status Desired	Fee Required		
City & State			City & State					6. Election Campaign Financing	[]	\$5.00 May Be Added to Fees	
n Chy a state		28					<u> </u>	Trust Fund Contribution			
Zıp	Country	Zip			Cou	intry		This corporation has leability for Florida Statutes	or intangible Yes	No lax under s 199.0	J32.
1	25	29			30	•		10. Name and Address of New I			
	9. Name and Address of Curr	ent Registered	Agent			81	Name			<del></del> -	
DECLOEDT, MICHAEL 12335 VILLAGER CT TAMPA FL 33625				82 83	Street Ac						
						84	[ ' '		Fi		
office or re agent. I ar	o the provisions of Sections 607.0 sgistered agent, or both, in the Sta m familiar with, and accept the ob	502 and 607.15 ite of Florida Su igations of, Sec	08, Flo ch cha tion 60	7.0505, Flo	rida Stat	tutes	i.	orporation submits this statement for the ation's board of directors. Thereby abo	e purpose of ept the app	changing its regist ointment as registe	stered ered
SIGNATURE	Signature, typied or printed name of registered	agent and title if appli	able	(NOT			ent signahue R	equired when reinstating)  ADDITIONS/CHANGES TO OF		ID DIRECTORS IN	12
12.	OFFICERS	AND DIRECTOR	S		13.		···	ADDITIONS/GHANGES TO GE	TOLINGIA	Change	Addition
TITLE	PD		Ш	DELETE	1	TITLE					
NAME DECLUEDI, MICHAEL			NAME								
STREET ADDRESS	12335 VILLAGER CT				1,0		I ADDRESS				
CITY-ST-ZIP	TAMPA FL 33625		<del></del> r	DE ETC		CITY - TITLE	ST-ZIP			Change	Addition
			1 1	DELETE	<b>2</b> 1	HILL					

TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST-ZIP Change Addition CITY-ST-ZIP DELETE 31TITLE TITLE 32 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 41 TITLE THTLE 4 2 NAME 4 3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 5 1 TITLE TITLE 5 2 NAME 53 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 61 TILLE THILE 62 NAME NAME

STREET ADDRESS 14. Ldo 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6 3 STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR