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

DOCUMENT # P95000055703

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

ADAMS HOUSE COUNTRY PLACE, INC.

| | | • | | | | | | |
|---|--|---|---------------------------|---------|-------------------------|---|---------------------------|----------------|
| Principal Place | of Business | Mailing Address | | | | | | |
| 3591 KEYSTONE ROAD TARPON SPRINGS FL 34689 | | 1340 PRESERVATION WAY OLDSMAR FL 34677 | | | DO NOT WRITE IN THIS SI | PACE | | |
| us | | | | | | 3. Date Incorporated or Qualifed 07/17/1995 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Addres | s | - | <u> </u> | 4. FEI Number | | Applied For |
| 21 | | 26 HAN CHELL | 26 MON CARLULE LAKES BLVD | | | 59-3326568 | 1 | Not Applicable |
| Suite, Apt. #, etc. | | 26 YOU CHRANE LAKES BLVD Suite, Apt. #, etc. | | | | - 0 :: 4 (0: 4 0: 1 0 | \$8.75 | Additional |
| 22 | | 27 PALM HARBOR, FL | | | | 5. Certifcate of Status Desired | Fee F | Required , |
| City & State | | City & State | | | | 6. Election Campaign Financing | \$5.00 | 0 May Be |
| 23 | | 28 346 85 | | | | Trust Fund Contribution Added to Fees | | |
| Zip | Country | Zip | Cou | untry | | 8. This corporation owes the current year Intan | gible | Ì |
| 24 | 25 | 29 | 30 | U. | SH | Personal Property Tax. | Yes | □No |
| 9. Name and Address of Current Registered Agent | | | | Ť | | 10. Name and Address of New Registered Ag | jent | |
| ALEXANDRIS, THOMAS J | | | | 81 | | EXANDEIS, THOMAS | $\underline{\mathcal{I}}$ | - |
| 1340 PRESERVATION WAY | | | | 82 | Street Addres | ss (P.O. Box Number is Not Acceptable) CARLYLE - LAKES BL | VP | |
| OLDSMAR FL 34677 | | | | 83 | 1001 1011 | m II dagag | | |
| ATTATAG CHANGE | | | | 84 | PALI | M HAKBOK | 85 Zip | o Code |
| SAME AGENT - ADALESS CHANGE ONLY | | | | | City | FL | 3 | 4685 |
| 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 | | | | | | when reinstating) DATE | | |
| | Signature, typed or printed name of registered agent | | _ ` | d Agent | signature required v | ADDITIONS/CHANGES TO OFFICERS AND | DIDECT | CORD IN 42 |
| 12. | OFFICERS AND | DIRECTORS DEL | 13. | | | | Change | |
| TITLE | P | □ DEL | | ITLE | 1 | | Onlange | , D'Acontion |
| NAME | ALEXANDRIS, NANETTE | | 1.2 N | IAME | | | | Į |
| STREET ADDRESS | 1340 PRESERVATION WAY | | 1.3 \$ | TREET | ADDRESS | | | |
| CITY-ST-ZIP | | | TY-ST | -ZIP | | | | |
| TITLE | | ☐ DEL | ETE 2.1 T | TLE | | | Change Change | e 🔲 Addition |
| NAME | | | 2.2 N | IAME | | | | |
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| NAME | | | 3,2 N | IAME | | • | | } |
| STREET ADDRESS | | | 3.3 S | TREET | ADDRESS | | | |
| CITY-ST-ZIP | | • | 3.4. (| CITY-ST | T-ZIP | | | |
| TITLE | | ☐ DEL | .ETE 4.1 T | TLE | | | Change | e |
| NAME | | | 4. 21 | NAME | | | | |
| STREET ADDRESS | | | 4.3 9 | TREET | ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 0 | TY-ST | -ZIP | | | |
| TITLE | *** | ☐ DEL | .ETE 5.1 T | TLE | | | Change | e 🗌 Addition |
| NAME - | | | 5.2 N | IAME | | | | 1 |
| STREET ADDRESS | | | 5.3 \$ | TREET | ADDRESS | | | l |

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.

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE

☐ Change

☐ Addition

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90096 020 ***150.00