FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000069737 (1)

1. Corporation Name
ADG HOLDINGS, INC.

Principal Place of Business
13044 LOIS AVENUE NORTH
SEMINOLE FL 34646

Mailing Address
13044 LOIS AVENUE NORTH
SEMINOLE FL 34646

3. Date Incorporated or Qualified: 09/11/1995
3a. Date of Last Report:

4. FEI Number: 59-3369813 ☐ 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

2. Principal Place of Business
21 6201 54TH AVE N
Suite, Apt. #, etc.
22
City & State
23 ST. PETERSBURG. FL
Zip 24 33709 Country 25 PINELLAS

2a. Mailing Address
26 6860 GULFPORT BLVD
Suite, Apt. #, etc
27 SUITE # 900
City & State
28 ST PETERSBURG. FL
Zip 29 33707-2108 Country 30 PINELLAS

9. Name and Address of Current Registered Agent
BOUTZOUKAS, MICHAEL E
704 WEST BAY STREET
TAMPA FL 33606

10. Name and Address of New Registered Agent
81 Name GULF TAX INC. C/O BRIAN LIGHT
82 Street Address (P.O. Box Number is Not Acceptable) 6860 GULFPORT BLVD
83 SUITE # 900
84 City ST. PETERSBURG FL 85 Zip Code 33707-2108

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] · BRIAN J L. LIGHT - SECRETARY / REG AGENT   4/30/96
Signature, typed or printed name of registered agent & title, if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BALLIS, GEORGE	
STREET ADDRESS	13044 LOIS AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL 34646	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D/P	☑ Change ☐ Addition
1.2 NAME	GEORGE BALLIS	
1.3 STREET ADDRESS	6860 GULFPORT BLVD, SUITE # 900	
1.4 CITY-ST-ZIP	ST. PETERSBURG. FL. 33707-2108	
2.1 TITLE	D/VP	☐ Change ☑ Addition
2.2 NAME	LOULA BALLIS	
2.3 STREET ADDRESS	6860 GULFPORT BLVD. SUITE #900	
2.4 CITY-ST-ZIP	ST PETERSBURG FL 33707-2108	
3.1 TITLE	D/VP	☐ Change ☑ Addition
3.2 NAME	DEAN GUS BALLIS	
3.3 STREET ADDRESS	6860 GULFPORT BLVD, SUITE # 900	
3.4 CITY-ST-ZIP	ST. PETERSBURG. FL. 33707-2108	
4.1 TITLE	D/T	☐ Change ☑ Addition
4.2 NAME	ANGELOS BALLIS	
4.3 STREET ADDRESS	6860 GULFPORT BLVD, SUITE # 900	
4.4 CITY-ST-ZIP	ST PETERSBURG .FL. 33707-2108	
5.1 TITLE	SEC	☐ Change ☑ Addition
5.2 NAME	BRIAN J. L. LIGHT	
5.3 STREET ADDRESS	6860 GULFPORT BLVD, SUITE #900	
5.4 CITY-ST-ZIP	ST. PETERSBURG FL. 33707-2108	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: [signature] BRIAN J L. LIGHT - SECRETARY   4/30/96   (813) 345 7359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)