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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT** # P96000017110 (3)

ADGALS SOUTHEAST, INC.

## **FILED** May 20 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address						# <b> 488</b>      <b>88</b>	
146 14TH AVENUE NORTH 146 14TH AVENU ST. PETERSBURG FL 33701 ST. PETERSBURG						DO NOT WRITI	E IN THIS	SPACE	
						3. Date Incorporated or Qualified			
						02/23/1996			
2. Principal P	Place of Business	2a. Mailing Addre	ess			4. FE! Number		TA	pplied For
21		26				59-3366564			lot Applicable
Suite, Apt	#, etc.	Suite, Apt. #,	etc.					\$8.75	Additional
22 27						5. Certificate of Status Desired	U,	Fee R	tequired
City & Stat	9	City & State	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip r─¬	Country	Z <sub>i</sub> p				8. This corporation owes or has paid the current year Intangible			
24	_ <del></del>	25   29   30     Name and Address of Current Registered Agent				Personal Property Tax due June 30. Yes No			
		rrent Registered Agent		81	Name	10. Name and Address of New Re	gistered	Agent	
	CHOLSON, DAVID M		ĺ	۱'	Name				
111 MADISON STREET				82 Street Add		ss (P.O. Box Number is Not Accepta	ble)		
SUITE 2300				-				_	
TAI	MPA FL 33602			83					
				84	City			85 Zip	Code
							<u> </u>		
onice or r	to t <b>re</b> provisions of Sections 607.9 regi <b>ster</b> ed agent, or both, in the Si im f <mark>amili</mark> ar with, and accept the of	ale of Honda, Such chanc	ie was authorized	i bv	the corporatio	ration submits this statement for the n's board of directors. I hereby acce	pt the app	t changing i ointment as	its registered registered
SIGNATURE									
12.	Signature, typed or pented name of registere.	AND DIRECTORS		Ager	nt signature required		DATE	DIDECTO	DO IN 10
TITLE	PSTD	DEL	.ETE 1.1 101	ı F		ADDITIONS/CHANGES TO OFFI	JERS ANI	Change	RS IN 12
NAME	LAWTON, SANDRA	(	1.2 NAI					bhange	Addition
STREET ADDRESS	146 14TH AVENUE NORTH	1			ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL 3370		1.4 CH						
TITLE	GI. VETERIOSORIO LE COTO	DEL			- 211			☐ Change	☐ Addition
NAME			2.2 NA					L Change	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			2. 4 CIT		i				
TITLE		DEL						Change	Addition
NAME			3.2 NA)		ł				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. CIT						
TITLE	<del></del>	DEL						Change	Addition
NAME		·	4. 2 NA						
STREET ADDRESS			•		ADDRESS				ļ
CITY-ST-ZIP			4.4 CIT		l				
TITLE		☐ DEL						Change	Addition
NAME			5.2 NAS	νE				-	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CITY		ſ				
TITLE		☐ DEL						Change	Addition
NAME			6.2 NAM	ИE					_
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CiT)						
	ertify that the information supplies	with this filing does not a				ection 119 07(3)(i) Florida Statutes I	further co	artify 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 eath; 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 the address