

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

FILED

Feb 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000025437 (0)

1. Corporation Name

ADAMS & ASSOCIATES OF TAMPA BAY, INC.



Principal Place of Business

12491 OLD CRYSTAL RIVER RD
BROOKSVILLE FL 34801

Mailing Address

12491 OLD CRYSTAL RIVER RD
BROOKSVILLE FL 34801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 10023 Hayward Rd

26 10023 Hayward Rd

4. FEI Number

59-3367068

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☒

Yes ☐ No

22

27

City & State

City & State

23 Spring Hill, FL

28 Spring Hill, FL

Zip

Country

Zip

Country

24 34608

25 USA

29 34608

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, THOMAS S
12491 OLD CRYSTAL RIVER RD
BROOKSVILLE FL 34801

81 Name

THOMAS S. ADAMS

82 Street Address (P.O. Box Number is Not Acceptable)

10023 Hayward Rd.

83

84 City

Spring Hill

FL

85 Zip Code

34608

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PVTS ☐ DELETE
NAME ADAMS, THOMAS S
STREET ADDRESS 12491 OLD CRYSTAL RIVER RD
CITY-ST-ZIP BROOKSVILLE FL 34801

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 10023 Hayward Rd.
1.4 CITY-ST-ZIP Spring Hill, FL 34608

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: X

Tom Adams

x 2-7-98

813-891-7826

CR2EC34 (10/97)