

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90139 047 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P96000063960**

1. Corporation Name

ADA SOFTWARE DEVELOPERS, INC.

Principal Place of Business

956 NO. COCOA BLVD  
SUITE 1109  
COCOA FL 32922

Mailing Address

956 NO. COCOA BLVD  
SUITE 1109  
COCOA FL 32922

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.  
1101

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City &amp; State

24 Zip Country

27 City &amp; State

28 Zip Country

3. Date Incorporated or Qualified

07/29/1996

4. FEI Number

59-3431884

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax.☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ABERNATHY, PAUL G II  
956 NO. COCOA BLVD  
SUITE 1109  
COCOA FL 32922

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Paul G. Abernathy II, PRESIDENT

DATE

3/1/99

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	MV	<input type="checkbox"/> DELETE
NAME	ABERNATHY, PAUL G II	
STREET ADDRESS	956 NO. COCOA BLVD	
CITY-ST-ZIP	COCOA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	COVERT, BONNIE SUE	
STREET ADDRESS	956 N COCOA BLVD	
CITY-ST-ZIP	COCOA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ABERNATHY, GLENN II	
STREET ADDRESS	P.O. BOX 3042 702 MARGARET ST	
CITY-ST-ZIP	KINGSLAND GA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ABERNATHY, PATRICIA	
STREET ADDRESS	P.O. BOX 30421 702 MARGARET ST	
CITY-ST-ZIP	KINGSLAND GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DENNIS F. RYMER
1.3 STREET ADDRESS	956 N. COCOA BLVD
1.4 CITY-ST-ZIP	COCOA FL 32926
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PAUL G. ABERNATHY II
2.3 STREET ADDRESS	956 N. COCOA BLVD
2.4 CITY-ST-ZIP	COCOA FL 32922
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Paul G. Abernathy II, President 3/1/99 (407) 638-1303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)