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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000069205 (8)

## AMERICAN DEVELOPMENT GROUP, INC.

Principal Place of Business Mailing Address **5803 TOLMAN COURT** 5803 TOLMAN COURT TAMPA FL 33647-1011 TAMPA FL 33647-1011 3. Date Incorporated or Qualified 3a. Date of Last Report 08/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 42-142118 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zφ Country Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes X No 30 24 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MEYER, GARY D **5803 TOLMAN COURT** Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33647-1011 В3 84 City 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. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. 12 DELETE Change Addition 1.1 TITLE THILE MEYER, GARY D NAME 1.2 NAME **5803 TOLMAN COURT** 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 33647-1011 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 2.1 TITLE Change Addition TITLE HAMER, WALTER M 2.2 NAME NAME 1051 NORMANDY TRACE RD. STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33602-5778 2.4 CITY-ST-ZIP CITY-ST-7/P DELETE Change Addition 1011 3.1 TITLE NAMI 3.2 NAME **33 STREET ADDRESS** STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE Change \_\_\_ Addition 41 TITLE TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - \$1 - 7IP

6.1 TITLE

6.2 NAME

14. I do 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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

appears in Block 12 or Block 13

TILLE

NAME

STREET ADDRESS

DELETE

**FILED** 

May 14 1997 8:00am

Secretary of State

Change

Addition