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FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000084427 (9)

1. Corporation Name  
ADNIL CORPORAITON

Principal Place of Business

1419 SE 37 AVE  
OCALA FL 34471

Mailing Address

1419 SE 37 AVE  
OCALA FL 34471-4917



3. Date Incorporated or Qualified  
10/10/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address P.O. Box 5395

26 Ocala, FL 34478

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number

59-3406454

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

9. Name and Address of Current Registered Agent

DAY, EUGENE R  
1419 SE 37 AVE  
OCALA FL 34471

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME DAY, LINDA J  
STREET ADDRESS 1419 SE 37 AVE  
CITY - ST - ZIP Ocala FL 34471

TITLE D ☐ DELETE  
NAME DAY, EUGENE R  
STREET ADDRESS 1419 SE 37 AVE  
CITY - ST - ZIP Ocala FL 34471

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 Day, Linda J  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE D S T ☒ Change ☐ Addition  
2.2 NAME Day, Eugene R.  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE VP ☐ Change ☒ Addition  
3.2 NAME Day, Douglas E.  
3.3 STREET ADDRESS 3879 SE 60th St.  
3.4 CITY - ST - ZIP Ocala, FL

4.1 TITLE VP ☐ Change ☒ Addition  
4.2 NAME Day, Kelly L.  
4.3 STREET ADDRESS 5 Almond Way  
4.4 CITY - ST - ZIP Ocala, FL

5.1 TITLE VP ☐ Change ☒ Addition  
5.2 NAME Marshall, Lorraine M.  
5.3 STREET ADDRESS 16132 Olmstead Lane  
5.4 CITY - ST - ZIP Woodbridge, VA

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 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.

CR2E034 (9/96)