

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000098636

1. Corporation Name  
ADONAI ET AL, INC.

Principal Place of Business  
1601 SW 27TH AVE. APT. 603  
OCALA FL 34474

Mailing Address  
1601 SW 27TH AVE. APT. 603  
OCALA FL 34474

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90013 005 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/04/1996

4. FEI Number  
59-3415672

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 53 JUNIPER TRAIL  
Suite, Apt. #, etc.

2a. Mailing Address  
26 53 JUNIPER TRAIL  
Suite, Apt. #, etc.

City & State  
23 Ocala, FL

City & State  
28 Ocala, FL

Zip Country  
24 34480 25 MARION

Zip Country  
29 34480 30 MARION

9. Name and Address of Current Registered Agent

SIEFERT, MICHAEL A  
606 SE 3RD AVE.  
OCALA FL 34471

10. Name and Address of New Registered Agent

81 Name RUTH A. MEYER  
82 Street Address (P.O. Box Number is Not Acceptable)  
53 JUNIPER TRAIL  
83 Ocala, FL 34480  
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 *Ruth A. Meyer, President* 3/15/99  
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 PVST ☐ DELETE  
NAME MEYER, RUTH  
STREET ADDRESS 1601 SW 27TH AVE. APT. 603  
CITY-ST-ZIP Ocala FL 34474

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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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 ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 53 JUNIPER TRAIL  
1.4 CITY-ST-ZIP Ocala, FL 34480

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, with all other like empowered.

SIGNATURE: *Ruth A. Meyer, President* 3/15/99 352-307-6651  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)