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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P97000076395 (7)

THE AD AGENCY, INC.

Principal Place of Business

Mailing Address

FILED May 01 1998 8:00am Secretary of State



968 GREENWOOD CT 968 GREENWOOD CT SANIBEL FL 33957 SANIBEL FL 33957 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/04/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name WOLFSFELD, JULENE 968 GREENWOOD CT 82 Street Address (P.O. Box Number is Not Acceptable) SANIBEL FL 33957 83 84 City 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 (NO1): Registered Agent signature required when reinstating) DATE (10/97) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change ☐ Addition WOLFSFELD, JULENE NAME 1.2 NAME 2E034 968 GREENWOOD CT STREET ADDRESS 13 STREET ADDRESS **SANIBEL FL 33957** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition HAWTHORNE, WILSON JR NAME 2.2 NAME 3209 SE 8TH PLACE STREET ADDRESS 2.3 STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE ☐ Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP Statutes. I further certify

14. I hereby certify that the informindicated on this annual reproficer or director of the combined to the Block 12 or Block 13 if of the or ation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florid it or supplemental annual report is true and accurate and that my signature shall have the same logication or the receiver or trustee empowered to execute this report as required by Chapter 607, Figure 1997. al effect as if made under ath: that I am an ida Statutes; and that my ame appears in nged, or on an attachment with an address.