# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 21, 2008 8:00 am**
**Secretary of State**
05-21-2008 90025 020 ***155.00

DOCUMENT # P99000036945

1. Entity Name
ADAMS TRANS-AID CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 3961 E. RIVER DRIVE<br>FORT MYERS, FL 33916 | 3961 E. RIVER DRIVE<br>FORT MYERS, FL 33916 |

DO NOT WRITE IN THIS SPACE

03192008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0990398

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

ADAMS, THOMAS F
3961 E. RIVER DRIVE
FORT MYERS, FL 33916

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $5[illegible].00

9. Election Campaign Financing Trust Fund Contribution. ☒ $6.00 Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PSTD |
| NAME | ADAMS, THOMAS F |
| STREET ADDRESS | 3961 E. RIVER DRIVE |
| CITY-ST-ZIP | FORT MYERS, FL 33916 |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas F. Adams P.E. 4/26/08 (519) 736-6087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #