

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000041578

FILED  
Oct 08, 2004  
Secretary of State

Entity Name: ADAMCO NURSERIES, INC.

**Current Principal Place of Business:**

3315 STEVE ROBERTS SPECIAL  
ZOLFO SPRINGS, FL 33890

**New Principal Place of Business:**

**Current Mailing Address:**

3315 STEVE ROBERTS SPECIAL  
ZOLFO SPRINGS, FL 33890

**New Mailing Address:**

FEI Number: 65-0917813

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASTERSON, RITA  
217 W. PALMETTO STREET  
WAUCHULA, FL 33873 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ADAMS, RICHARD  
Address: 3315 STEVE ROBERTS SPECIAL  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: SD ( ) Delete  
Name: ADAMS, BARBARA  
Address: 3315 STEVE ROBERTS SPECIAL  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: TD ( ) Delete  
Name: ADAMS, JAMES E SR.  
Address: 3315 STEVE ROBERTS SPECIAL  
City-St-Zip: ZOLFO SPRINGS, FL 33890

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES ADAMS

TD

10/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date