FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91837 019 ***150.00

DOCUMENT # P99000089378

1. Entity Name
AMERICANS DEVELOPING AND PRESERVING TOGETHER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4850 ST. JAMES AVE	300 FIFTH AVE SOUTH
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 101-242
City & State TITUSVILLE FL	City & State NAPLES FL
Zip 32780 Country	Zip 34102 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0985310 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name WATTS, RENITA

Street Address (P.O. Box Number is Not Acceptable) 4850 ST. JAMES AVENUE

City TITUSVILLE **FL** Zip Code 32780

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

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JIM JOHNSON, CHAIRMAN/PRES #20 JUSTICE LANE CONWAY AR 72023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARLEEN EDDLEMON, SECR. 2309 LINDA LANE JACKSONVILLE AR 72076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RON DAVIS, TREASURER 311 BOBWHITE LONOKE AR 72086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DO NOT WRITE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GEORGE WOLFF, MEMBER 2802 MILLBROOK RD LITTLE ROCK, AR 72227	TITLE NAME STREET ADDRESS CITY-ST-ZIP	**IN THIS SPACE**
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PHIL HAWKINS, MEMBER 4205 ARLINGTON DR. NORTH LITTLE ROCK AR 72116	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JASON CULPEPPER, MEMBER 7310 W. RIDGE CIRCLE SHERWOOD AR 72120	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-21-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)