

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 PM 12:02

DOCUMENT # S67780

(4)

1. Corporation Name

A.D.E. OF JACKSONVILLE, INC.

Principal Place of Business

1919 SOUTH POST RD.
INDIANAPOLIS IN 46239

Mailing Address

1919 SOUTH POST RD.
INDIANAPOLIS IN 46239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1991

3a. Date of Last Report

05/17/1994

4. FBI Number

35-1842547

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
8751 W BROWARD BLVD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
D	HOCKETT, D. MICHAEL	1919 S. POST RD.	INDIANAPOLIS IN
ST	WECHTER, LARRY	1919 S POST ROAD	INDIANAPOLIS IN
ATC	HOWELL, J MARK	1919 S POST ROAD	INDIANAPOLIS IN

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY ST ZIP	5. Change	6. Addition
D / V				☒	☐
V / T / D	Wechter, Larry S.			☒	☐
V / S	Williams, Jerry	1919 S. Post Road	Indianapolis, IN 46239	☒	☐
P / D	Hill, David H.	1919 S. Post Road	Indianapolis, IN 46239	☐	☒
				☐	☐
				☐	☐
				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry S. Wechter 6/9/96

(317) 862-7220

Date

Telephone Number