

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V06185 (5)**  
1. Corporation Name  
**THE MCADAMS GROUP, INC.**



Principal Place of Business: **241 N. COUNTRY CLUB RD LAKE MARY FL 32746 US**  
Mailing Address: **241 N. COUNTRY CLUB RD LAKE MARY FL 32746 US**

3. Date incorporated or Qualified: **01/14/1992**  
3a. Date of Last Report: **06/07/1995**

2. Principal Place of Business  
21 **121 Oaks Ct**  
Suite, Apt. #, etc.  
22 **Sanford Fl.**  
City & State  
23 **32771**  
Zip  
Country  
25 **Seminole**  
26 **121 Oaks Ct.**  
Suite, Apt. #, etc.  
27 **Sanford Fl.**  
City & State  
28 **32771**  
Zip  
Country  
30 **Seminole**

4. FEI Number: **59-3106438**  
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

9. Name and Address of Current Registered Agent  
**MCADAMS, JOSEPH O.  
241 N COUNTRY CLUB RD  
LAKE MARY FL 32746**

10. Name and Address of New Registered Agent  
81 Name: **Joseph O McAdams**  
82 Street Address (P.O. Box Number is Not Acceptable): **121 Oaks Ct.**  
83 **Sanford Fl.**  
84 City: **Sanford** **FL** 85 Zip Code: **32771**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee filer (if filer is not the registered agent) (NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MCADAMS, JOSEPH O.</b>	
STREET ADDRESS	<b>241 N COUNTRY CLUB RD</b>	
CITY-ST-ZIP	<b>LAKE MARY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WIGGINS, SUZANNE M.</b>	
STREET ADDRESS	<b>241 N COUNTRY CLUB RD</b>	
CITY-ST-ZIP	<b>LAKE MARY FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D McAdams, Joseph O</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>121 Oaks Ct.</b>	
13 STREET ADDRESS	<b>Sanford Fl. 32771</b>	
14 CITY-ST-ZIP	<b>Sanford Fl. 32771</b>	
21 TITLE	<b>D. Wiggins, Suzanne M.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>121 Oaks Ct.</b>	
23 STREET ADDRESS	<b>Sanford Fl. 32771</b>	
24 CITY-ST-ZIP	<b>Sanford Fl. 32771</b>	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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 119.07(3)(k), 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 address.

SIGNATURE: *Joseph O. McAdams Pres.* **Joseph O. McAdams Pres.** 4/30/94 323-7382  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)