FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998		Secretary of State DIVISION OF CORPORATIONS		Secreta	ary of State
	MENT # V22695	(3)			
THE AD	omiral group, Inc.				
Principal Place of Business Mailing Address 3530 1ST AVE NORTH PO BOX 86192 STE 106 MADEIRA BEACH FL 3370 US MADEIRA BEACH FL 3370 US			8	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
	lace of Business	2a. Mailing Address		03/20/1992 4. FEI Number 59-3113115	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	6	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has pa Personal Property Tax due June	
	9. Name and Address of Current			10. Name and Address of New Re	
GATEWOOD, CLAY R 3530 1ST AVE N. SUITE 105 ST PETERSBURG FL 33713			81 Name 82 Street Addre 83	ess (P.O. Box Number is Not Acceptat	ole)
			84 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute of Florida Such change was a	s, the above-named corp uthorized by the corporati	oration submits this statement for the poor's board of directors. I hereby acceptors	
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		: Registered Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	ADDITIONOJONANGEO TO GITTE	Change Addition
STREET ADDRESS 6113 PALMA DEL MAR BOULEVARD, #122		1.2 NAME 1.3 STREET ADDRESS		•	
CITY-ST-ZIP	ST. PETERSBURG FL	T otrete	1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS		
CITY+ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME		<u></u>	4. 2 NAME		C overle C resident
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	6.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		

CITY-ST-ZIP

14. 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 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 receipt of 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 chapter, or on an attack much an address.

Clay R. Gatewood

4/24/98

(813) 327-9797

FILED

May 01 1998 8:00am