

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V24979**

(9)

1. Corporation Name

THE ADK GROUP, INC.



Principal Place of Business

**4230 ORTEGA BLVD
JACKSONVILLE FL 32210**

Mailing Address

**4230 ORTEGA BLVD
JACKSONVILLE FL 32210**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CUMMINGS, BARBARA SABO
4230 ORTEGA BLVD.
JACKSONVILLE FL 32210**

3. Date Incorporated or Qualified

03/27/1992

3a. Date of Last Report

02/27/1995

4. FEI Number

59-3124233

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

10. Name and Address of New Registered Agent

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 607.1503, 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 of Registered Agent)

(Signature of Registered Agent)

(Date)

12. OFFICERS AND DIRECTORS

☐ DELETE

12.1 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**DPS
CUMMINGS, BARBARA SABO
4230 ORTEGA BLVD.
JACKSONVILLE FL**

☐ DELETE

12.2 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

12.3 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

12.4 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

12.5 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

12.6 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

12.7 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

12.8 TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

☐ Change ☐ Addition

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

☐ Change ☐ Addition

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

☐ Change ☐ Addition

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

☐ Change ☐ Addition

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

☐ Change ☐ Addition

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-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 registered 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara S. Cummings, President

2/13/96

(904) 388-4000

CR2E034 (12/95)