

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18591

**Entity Name:** ADAMS GARDEN OF SON SHINE, INC.**Current Principal Place of Business:**1011 ALBERTA STREET  
LONGWOOD, FL 32750**Current Mailing Address:**1011 ALBERTA STREET  
LONGWOOD, FL 32750 US**FEI Number:** 59-2800478**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADAMS, EARL R  
1011 ALBERTA STREET  
LONGWOOD, FL 32750 US*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.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	ADAMS, EARL R
Address	ALBERTA 1011
City-State-Zip:	LONGWOOD FL 32750

Title	DIRECTOR
Name	ADKINS, SANDRA E
Address	712 W. FAIRBANKS AVE.
City-State-Zip:	ORLANDO FL 32804

Title	DTS
Name	ADAMS, GLENDA L
Address	1011 ALBERTA ST
City-State-Zip:	LONGWOOD FL 32750

Title	DIRECTOR
Name	PETERSON, CHERYL
Address	524 WESTPORT DRIVE
City-State-Zip:	LONGWOOD FL 32750

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EARL R ADAMS**PRESIDENT****01/31/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date