

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000000714

**Entity Name:** ADAMS INSURANCE, INC.

**Current Principal Place of Business:**

1425 MARKET STREET  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

1425 MARKET STREET  
TALLAHASSEE, FL 32312

**FEI Number:** 59-3157208

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ADAMS, DAVID A  
2965 SHAMROCK N #29  
TALLAHASSEE, FL 32309 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            P  
Name            ADAMS, A DAVID  
Address         1425 MARKET STREET  
City-State-Zip: TALLAHASSEE FL 32312

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** A DAVID ADAMS`

**PRESIDENT**

**01/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date