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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000015381 (1) DOCUMENT #

ADELE & ASSOCIATES, INC.

Principal Place of Business

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Mailing Address

FILED Jan 22 1998 8:00am Secretary of State



602 SAN REMO CT 602 SAN REMO CT CONYERS GA 30208 CONYERS GA 30208 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1997 2. Principal Place of Business 21 602 SAN KEMOCT 2a. Mailing Address Applied For REMO CT. SAN 500 26 Not Applicable Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be CONYGRS GA 23 28 Trust Fund Contribution П Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SINGLETARY, WILLIAM C 7224 HWY 89 Street Address (P.O. Box Number is Not Acceptable) MILTON FL 32570 83 City Zip Code 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 agont, 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. 1/10/18 Piesident SIGNATURE and the diapplicable ed when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. President Rober Singletary DELETE Change Addition TITL€ 1.1 TITLE NAME 1.2 NAME REMO STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS 2.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE __ DELETE 61 TITLE Change Addition NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 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 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 pr on an attachment with an address.

11/98