FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 5:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **014429** **(5)**

1. Corporation Name

DAWKINS, INC.

Principal Place of Business	Mailing Address
1325 W BEAVER ST PO BOX 40706 JACKSONVILLE FL 32203	1325 W BEAVER ST PO BOX 40706 JACKSONVILLE FL 32203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/18/1924**
3a. Date of Last Report: **06/30/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-0215620** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) County (25) Zip (29) County (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAWKINS, D.CLINTON III
1325 W BEAVER ST
JACKSONVILLE FL 32209

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 Section 607.0502 and 607.1508, 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 [illegible] 607.0505, Florida Statutes

SIGNATURE: D. Clinton Dawkins III
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	DAWKINS, D.C. JR.	12 NAME	
STREET ADDRESS	1325 W BEAVER ST	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 00000	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	DAWKINS, D.CLINTON III	22 NAME	
STREET ADDRESS	1325 W BEAVER ST	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 00000	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SINCLAIR, ALFORD C.	32 NAME	
STREET ADDRESS	1325 W BEAVER ST	33 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 00000	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, ANN E	42 NAME	
STREET ADDRESS	1325 W BEAVER ST	43 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE, FL 00000	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	WEYER, F. TERRY	52 NAME	
STREET ADDRESS	1325 W BEAVER ST	53 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP	
TITLE	TAS	61 TITLE	☐ Change ☐ Addition
NAME	SHUMAN, BETH	62 NAME	
STREET ADDRESS	1325 W BEAVER ST	63 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	64 CITY ST 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)(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 above, or on an attachment with an address.

SIGNATURE: D. Clinton Dawkins III — 4/13/95 — 904-350-6611
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406120 FP