

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **467753** (0)  
1. Corporation Name  
**D.S. EAKINS CONST. CORP.**



Principal Place of Business  
**300 WEST TENTH ST.  
RIVIERA BCH. FL 33404**

Mailing Address  
**P O BOX 9818  
RIVIERA BEACH FL 33419  
US**

3. Date Incorporated or Qualified <b>01/20/1975</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-1691997</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**EAKINS, SANDI F.  
300 WEST TENTH ST.  
RIVIERA BCH. FL 33404**

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 607.0602 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 607.0603, Florida Statutes.

SIGNATURE *Sandi F. Eakins* **SANDI F. EAKINS**  
Signature typed or printed name of registered agent (Block 11) (Block 11) Registered Agent signature required when registered

**3-29-96**  
DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	EAKINS, DOUGLAS S.
STREET ADDRESS	300 WEST TENTH ST.
CITY-ST-ZIP	RIVIERA BCH. FL
TITLE	CEO
NAME	EAKINS, SANDI F.
STREET ADDRESS	300 WEST TENTH ST.
CITY-ST-ZIP	RIVIERA BCH. FL
TITLE	D
NAME	EAKINS, SANDI F
STREET ADDRESS	300 WEST 10TH ST
CITY-ST-ZIP	RIVIERA BEACH FL
TITLE	VPSD
NAME	FRICK, CINDI M
STREET ADDRESS	300 WEST 10TH ST
CITY-ST-ZIP	RIVIERA BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 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, or in an attachment with an address.

SIGNATURE: *D.S. EAKINS CONST. CORP. CEO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-29-96 (407) 842-0001**  
DATE Day Phone #

CR2E034 (12/95)