

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	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Zip	
24		29	
Country		Country	
25		30	

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

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 607.1508, 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 Section 607.0605, Florida Statutes.

SIGNATURE: *Sandi F. Eakins* **SANDI F. EAKINS** **3-29-96**
Signature, typed or printed name of registered agent (Block 9) (Block 10) (Block 10) Registered Agent signature required when registered DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAKINS, DOUGLAS S.	1.2 NAME	
STREET ADDRESS	300 WEST TENTH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH. FL	1.4 CITY-ST-ZIP	
TITLE	CEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAKINS, SANDI F.	2.2 NAME	
STREET ADDRESS	300 WEST TENTH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH. FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAKINS, SANDI F	3.2 NAME	
STREET ADDRESS	300 WEST 10TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	VPSD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRICK, CINDI M	4.2 NAME	
STREET ADDRESS	300 WEST 10TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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* **D.S. EAKINS CONST. CORP. CEO** **3-29-96 (407) 842-0001**
Signature and typed or printed name of signing officer or director DATE Daytime Phone #

CR2E034 (12/95)