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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

1996

489364 **DOCUMENT #**

25

(0)

AKINS BUSINESS EQUIPMENT & SUPPLIES OF N.W. FLA. , INC.

Principal Place of Business 700 S. PACE BLVD. PENSACOLA FL 32501

21

22

23

24

Zip

2. Principal Place of Business

AKINS JR., RALPH

700 SOUTH PACE BLVD.

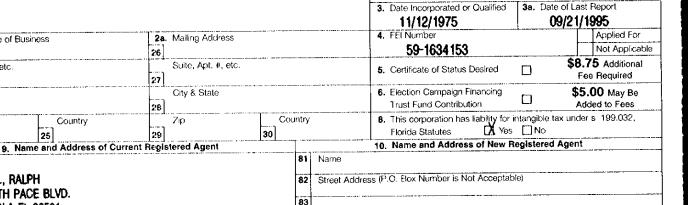
PENSACOLA FL 32501

Suite, Apt. #, etc

City & State

Mailing Address

700 S. PACE BLVD. PENSACOLA FL 32501



Zip Code 85 City 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 agent, or both, in the State of Florida. Such change was provided by the corporation's both of directors. I hereby accept the appointment as registered agent, I am

familiar with	and accept the obligations of Section 607.0505, Florida Strutes (RALPH E. AKINS, JR. STD) and h.	1/2000
	Ignature, typed or previous name of registered agent and the ill applicable (NOTO)	a stered Agent signature re	equited white reinstalling) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1. 1 TillE	Change Addition
NAME	AKINS, RALPH E.	1.2 NAME	WARD STEPHEN F
STREET ADDRESS	2650 THOMAS COURT	13 STREET ADDRESS	WARD,STEPHEN E. 1281 DOGTRACK ROAD
CITY - ST - ZIP	PENSACOLA FL	1.4 CITY - ST - ZIP	
TITLE	VD DELETE	2. 1 TITLE	Change Addition
NAME	BROOKS, GENIA A	2.2 NAME	
STREET ADDRESS	1112 NESTLING	2.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	2.4 City - ST - ZIP	F1 0 F1 142
TITLE	STD DELETE	3 1 TITLE	Change Addition
NAME	AKINS, RALPH E., JR.	32 NAME	
STREET ADDRESS	2805 EAST STRONG ST.	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	3 4 CHY - S1 - ZIF	☐ Change ☐ Addition
TITLE	☐ DELE1E	4. 1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS	•	4.3 STREFT ADDRESS	
CITY-ST-ZIP	The second secon	4 4 CITY - ST - 7IP	Change Addition
TITLE	[] DETEIE	5. 1 TITLE	Charge C Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
City-St-ZIP		5.4 CITY - ST - ZIF	☐ Change ☐ Addition
TITLE	DELFTE	6 1 TITLE	Change Addition
NAME	•	62 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 corporal on 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 Blo

SIGNATURE:

4-26-96

432-3456

JRZE034 (12/95)