	Certificate of Status Desired	: No
legistered Agent:		
for the purpose of changing its registered office or regis	stered agent, or both, in the State of Florida.	
KINS	04	/12/2021
Registered Agent		Date
Title	VP	
Title Name	VP SMITH-ADKINS, BAMBI L	
	for the purpose of changing its registered office or regis	for the purpose of changing its registered office or registered agent, or both, in the State of Florida. OKINS 04.

Current Mailing Address:

DOCUMENT# P03000020552

Entity Name: ADKINS CONTRACTING, INC.

Current Principal Place of Business:

RUSKIN, FL 33575

3516 GULF CITY ROAD RUSKIN, FL 33570

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JACKIE DEAN ADKINS

04/12/2021 Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 12, 2021 Secretary of State 8082514901CC

PRESIDENT

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

P.O. BOX 189

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