

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 014429 (5)

1. Corporation Name  
**DAWKINS, INC.**



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

2. Principal Place of Business: 21 SAME, Suite, Apt. #, etc.  
22 City & State  
23 Zip, Country  
24

3. Date Incorporated or Qualified: 10/18/1924  
3a. Date of Last Report: 04/18/1995  
4. FEI Number: 59-0215620  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
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  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent to that 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 provisions of Sections 607.0505, Florida Statutes.

SIGNATURE: *D. Clinton Dawkins*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	DAWKINS, D.C. JR.	
STREET ADDRESS	1325 W BEAVER ST	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAWKINS, D. CLINTON III	
STREET ADDRESS	1325 W BEAVER ST	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SINCLAIR, ALFORD C.	
STREET ADDRESS	1325 W BEAVER ST	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSTON, ANN E	
STREET ADDRESS	1325 W BEAVER ST	
CITY- ST- ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEYER, F. TERRY	
STREET ADDRESS	1325 W BEAVER ST	
CITY- ST- ZIP	JACKSONVILLE FL	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	SHUMAN, BETH	
STREET ADDRESS	1325 W BEAVER ST	
CITY- ST- ZIP	JACKSONVILLE FL	

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 form 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 registrar or justice empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *D. Clinton Dawkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
D. CLINTON DAWKINS III

3/4/96  
904-358-3104  
DATE FILED

CR2E034 (12/95)