


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90002 019 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 014429 ✓
 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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/18/1924	
4. FEI Number 59-0215620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input type="checkbox"/> 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 **FL** 85 Zip Code

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 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAWKINS, D.C. JR.		1.2 NAME	
STREET ADDRESS 1325 W BEAVER ST		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 00000		1.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAWKINS, D.CLINTON III		2.2 NAME	
STREET ADDRESS 1325 W BEAVER ST		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 00000		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SINCLAIR, ALFORD C.		3.2 NAME	
STREET ADDRESS 1325 W BEAVER ST		3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 00000		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHAMLATY, RONALD W		4.2 NAME	
STREET ADDRESS 1325 W BEAVER ST		4.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32209		4.4 CITY-ST-ZIP	
TITLE TAS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SHUMAN, BETH		5.2 NAME	
STREET ADDRESS 1325 W BEAVER ST		5.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: D. Clinton Dawkins III 8/11/99 904 358-3104

CR2E034 (5/99)