FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 FEB 10 AM 11:54

DOCUMENT # 411164 (7)

1. Corporation Name
THOMAS E. JENKINS AND ASSOCIATES, INC.

Principal Place of Business	Mailing Address
650 JENKS AVE. P O BOX 1176 PANAMA CITY FL 32402	650 JENKS AVE. P O BOX 1176 PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/20/1972
3a. Date of Last Report: 01/24/1994

4. FEI Number: 59-1411576 ☐ Applied For ☐ Not Applicable

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

2. Principal Place of Business	2a. Mailing Address
21 124 Etheridge St	26 124 Etheridge St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Bonifay Fl.	27 Bonifay Fl.
City & State	City & State
23	28 /
Zip / Country	Zip / Country
24 32425 / 25 Holmes	29 32425 / 30 Holmes

9. Name and Address of Current Registered Agent

JENKINS, THOMAS E.
650 JENKS AVE.
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name: Thomas E Jenkins
82 Street Address (P.O. Box Number is Not Acceptable): 124 Etheridge St
83
84 City: Bonifay FL 85 Zip Code: 32425

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: Thomas E Jenkins — 2-8-95
Signature, typed or printed name of registered agent and title of officer (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	JENKINS,THOMAS E.	12 NAME	
STREET ADDRESS	124 E. VIRGINIA AVE	13 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	JENKINS, THOMAS E. JR.	22 NAME	
STREET ADDRESS	124 E VIRGINIA AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JENKINS,VONZIE B.	32 NAME	
STREET ADDRESS	124 E. VIRGINIA AVE	33 STREET ADDRESS	
CITY-ST-ZIP	BONIFAY FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Thomas E Jenkins — 2-8-95 — 904 547.4436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0410306 FP