

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 3:48

DOCUMENT # 596154 (5)

1. Corporation Name
JAMES W. ELKINS P.A.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
1000 TAMiami TRAIL N 1000 TAMiami TRAIL N
STE 303 STE 303
NAPLES FL 33940 NAPLES FL 33940

3. Date Incorporated or Qualified 12/04/1978
3a. Date of Last Report 01/25/1994

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number 59-1873249
Applied For Not Applicable

Suite, Apt. #, etc. 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country 29 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ELKINS, JAMES W
1000 TAMiami TRAIL N
NAPLES FL 33940

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 _____ (Signature) _____ (Registered Agent Signature required when necessary) _____ (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELKINS, JAMES W.
STREET ADDRESS	666 WEDGE DRIVE
CITY - ST - ZIP	NAPLES FL
TITLE	S
NAME	ELKINS, JOAN B.
STREET ADDRESS	666 WEDGE DR.
CITY - ST - ZIP	NAPLES FL
TITLE	T
NAME	ELKINS, JAMES
STREET ADDRESS	666 WEDGE DRIVE
CITY - ST - ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(b) 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: _____
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James W. Elkins

13 January 1995 813-263-0910