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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90038 010 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 596154

1. Corporation Name

JAMES W. ELKINS P.A.

Principal Place of Business

**1000 TAMiami TRAIL N
 STE 303
 NAPLES FL 33940**

Mailing Address

**1000 TAMiami TRAIL N
 STE 303
 NAPLES FL 33940**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1978

2. Principal Place of Business

21 821 Fifth Avenue South

2a. Mailing Address

26 666 Wedge Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 201

27

City & State

City & State

23 Naples, FL

28 Naples, FL

Zip Country

24 34102 25 USA

Zip Country

29 34103 30 USA

4. FEI Number

59-1873249

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**ELKINS, JAMES W
 1000 TAMiami TRAIL N
 STE 303
 NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name

Elkins, James W.

82 Street Address (P.O. Box Number is Not Acceptable)

666 Wedge Drive

83

84 City **Naples,**

FL

85 Zip Code **34103**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **PD ELKINS, JAMES W.**
 STREET ADDRESS **666 WEDGE DRIVE**
 CITY-ST-ZIP **NAPLES FL**

TITLE DELETE
 NAME **S ELKINS, JOAN B.**
 STREET ADDRESS **666 WEDGE DR.**
 CITY-ST-ZIP **NAPLES FL**

TITLE DELETE
 NAME **T ELKINS, JAMES**
 STREET ADDRESS **666 WEDGE DRIVE**
 CITY-ST-ZIP **NAPLES FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/1/99

941-261-9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)