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

APPROVED AND FILED
95 APR 14 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G77409** **(2)**

1. Corporation Name
ADKINS ELECTRIC, INC.

Principal Place of Business	Mailing Address
10477 NEW KINGS RD. P.O. BOX 9223 JACKSONVILLE FL 32209	10477 NEW KINGS RD. P.O. BOX 9223 JACKSONVILLE FL 32209

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/05/1984
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business
21 10477 NEW KINGS RD.
Suite, Apt. #, etc.
22 P. O. BOX 311
City & State
23 JACKSONVILLE, FL
Zip 24 32219 Country 25 DUVAL

2a. Mailing Address
26 P. O. BOX 311
Suite, Apt. #, etc.
27
City & State
28 JACKSONVILLE, FL
Zip 29 32219 Country 30 DUVAL

4. FEI Number: 59-2353500 ☐ 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

9. Name and Address of Current Registered Agent

ADKINS, VIRGIL M.
10477 NEW KINGS RD.
JACKSONVILLE FL 32219

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE	CD	☒ Change ☐ Addition
NAME	ADKINS, VIRGIL M.	12 NAME	ADKINS, VIRGIL M.	
STREET ADDRESS	P.O. BOX 9223, NA	13 STREET ADDRESS	P. O. BOX 311, NA	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	JACKSONVILLE, FL 32219	
TITLE	TS	21 TITLE		☐ Change ☐ Addition
NAME	ADKINS, VIRGIL M	22 NAME		
STREET ADDRESS	10477 NEW KINGS RD	23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	PICKETT, HENRY H.	32 NAME		
STREET ADDRESS	6189-2 KINGSLEY LAKE DR	33 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL	34 CITY-ST-ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	SMITH, MARK	42 NAME		
STREET ADDRESS	6644 RAMOTH DR	43 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP		
TITLE	~~CEO~~	51 TITLE	DELETE	☐ Change ☐ Addition
NAME	~~ANDREWS, THOMAS L III~~	52 NAME		
STREET ADDRESS	~~6602 OLD PLANK RD~~	53 STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE FL~~	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: _____ 4-10-95 (904) 765-1622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406479 FP