FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # G77409

1. Corporation Name

ADKINS ELECTRIC, INC.

Principal Place of Business	Mailing Address
10477 New Kings Rd. Jacksonville, FL 32219	P. O. Box 311 Jacksonville, FL 32219-0311

3. Date Incorporated or Qualified: 01/05/1984

3a. Date of Last Report: 4/10/1995

2. Principal Place of Business
21: 10477 NEW KINGS RD.
Suite, Apt. #, etc. 22:
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: 32219-0311 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 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ADKINS, VIRGIL M.	1.2 NAME	
STREET ADDRESS	P. O. BOX 311, NA	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32219-0311	1.4 CITY-ST-ZIP	
TITLE	TS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ADKINS, VIRGIL M.	2.2 NAME	
STREET ADDRESS	10477 NEW KINGS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL	2.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PICKETT, HENRY H.	3.2 NAME	
STREET ADDRESS	6189-2 KINGSLEY LAKE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE, FL	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, MARK	4.2 NAME	600001783526
STREET ADDRESS	6644 RAMOTH DR.	4.3 STREET ADDRESS	-04/17/96--01027--003
CITY-ST-ZIP	JACKSONVILLE, FL	4.4 CITY-ST-ZIP	***200.00
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(k), 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: _____ (904) 765-1622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VIRGIL M. ADKINS, CEO