FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G93770

ELKINS CONSTRUCTORS, INC.

Principal Place	e of Business	М	Mailing Address						
4501 BEVERLY AVENUE			4501 BEVERLY AVENUE						
JACKSONVILLE FL 32210			JACKSONVILLE FL 32210				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified		
							03/29/1984		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For		
21			26				59-2405007 Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Additional		
22			27				5. Certificate of Status Desired Fee Required		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be		
23			28				Trust Fund Contribution Added to Fees		
Zip	Country	<u> </u>	Z ip	_	Country		8. This corporation owes the current year Intangible		
24	25	29		30			Personal Property Tax.		
	9. Name and Address of Curren	t Regi	stered Agent		81	Nama	10. Name and Address of New Registered Agent		
ALLO	ED BADOVI				["	Name			
allred, barry l 4501 beverly avenue			82		Street	et Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32210			j						
JACI	GONVILLE I E 322 IU				83				
					84	City	85 Zip Code		
							 		
office or r	to the provisions of Sections 607.050: egistered agent, or both, in the State in familiar with, and accept the obligat	of Flori	da. Such change was a	uthorize	ed by '	the corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
SIGNATURE									
	Signature, typed or printed name of registered agen					t signature ri	equired when reinstating) DATE		
12.	OFFICERS AN	D DIRI					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 VICE PRESIDENT Change Addition		
TITLE	PDT				TITLE		M.L. Mc MURRAY		
NAME	ichich, D.			1.2 NAME 1.3 STREET ADDRESS		4501 BEVERLY AVENUE			
STREET ADDRESS	4501 BEVERLY AVENUE						JACKSONUTCE FL 32210		
CITY-ST-ZIP	JACKSONVILLE FL		DELETE		CITY-SI	- ZIP	Change Addition		
TITLE	D		□ bereie	2,1 TITLE					
NAME	LIESKE, C. F.		22 N						
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP	INDIANAPOLIS IN			CITY-S	T-ZIP	Change Addition			
TITLE	VSD		□ DECE 16		TITLE				
NAME	Gajewski, j l 4501 beverly avenue			3.2 NAME		ADDDECO			
STREET ADDRESS	A CARLO DA DA MARIA DE DES			ADDRESS					
CITY-ST-ZIP	VD	.E. FL 34.17 ☐ DELETE 4.17		CITY-S	1·4P	☐ Change ☐ Addition			
	WELCH, M D		C Occes		NAME				
NAME	484 DE SERVICE ALIENTIE					VIUDECE			
STREET ADDRESS	JACKSONVILLE FL			4.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	V		DELETE	_	CITY-SI TITLE	-411	Change Addition		
NAME	NORMAN, G E		<i>ا بالحدد ال</i>		NAME				
STREET ADDRESS	AND DESCRIPTION				5.3 STREET ADDRESS				
			I.	54 CITY-ST-ZIP					
CITY-ST-ZIP	ONONO CHILLE I L			TITLE		☐ Change ☐ Addition			
NAME	[6.2	NAME				

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

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 6) on an attachment with an address, with all other like empowered.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90300 014 ***158.75