

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # H96882 (6)

1. Corporation Name  
BILL ADKINS, INC.

95 FEB - 7 PH 3: 02

Principal Place of Business Mailing Address  
596-BROWN-RD- VENICE-FL-34283 596-BROWN-RD- VENICE-FL-34293

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 26. Mailing Address  
21 2392 Chynn Av 26 2392 Chynn Av  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 North Port FL 28 North Port FL  
24 Zip 25 Country 29 Zip 30 Country  
34287 34287

3. Date Incorporated or Qualified 01/28/1986 3a. Date of Last Report 02/03/1994  
4. FEI Number 59-2637892 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  
WELCH, SUSAN S.  
8075 SOUTH BENEVA ROAD  
SUITE 6  
SARASOTA FL 34238

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 separately reported when resigning)

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY- ST- ZIP  
VP ADKINS, ROBERT H. 596-BROWN-RD- VENICE-FL-  
P ADKINS, HOWARD C. 596-BROWN-RD- VENICE-FL-  
TITLE NAME STREET ADDRESS CITY- ST- ZIP  
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  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 2392 Chynn Av  
1.4 CITY- ST- ZIP North Port FL 34287  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS 2392 Chynn Av  
2.4 CITY- ST- ZIP North Port FL 34287  
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 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: Robert H. Adkins 1-14-95 813-423-8333  
SIGNATURE AND TYPED OR PRINTED NAME OF DRIVING OFFICER OR DIRECTOR Date Telephone #