

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 # **J96839** (2)

1. Corporation Name

E K G ENTERPRISES, INC.



Principal Place of Business

**9824 CURRIE DAVIS DR
TAMPA FL 33619**

Mailing Address

**9824 CURRIE DAVIS DR
TAMPA FL 33619**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date incorporated or Qualified

10/09/1987

3a. Date of Last Report

04/26/1995

4. FEI Number

59-2854844

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

g. Name and Address of Current Registered Agent

**AKINS, GEORGE O.
9824 CURRIE DAVIS DR
TAMPA FL 33619**

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 acceptable if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
AKINS, ELLIS F.**
STREET ADDRESS **9824 CURRIE DAVIS DR**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **TD
AKINS, GEORGE O.**
STREET ADDRESS **9824 CURRIE DAVIS DR**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME **SD
FORSYTH, KEVIN**
STREET ADDRESS **9824 CURRIE DAVIS DR**
CITY-ST-ZIP **TAMPA 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

☐ Change ☐ Addition

11.1 TITLE

12.1 NAME

13.1 STREET ADDRESS

14.1 CITY-ST-ZIP

21.1 TITLE

22.1 NAME

23.1 STREET ADDRESS

24.1 CITY-ST-ZIP

31.1 TITLE

32.1 NAME

33.1 STREET ADDRESS

34.1 CITY-ST-ZIP

41.1 TITLE

42.1 NAME

43.1 STREET ADDRESS

44.1 CITY-ST-ZIP

51.1 TITLE

52.1 NAME

53.1 STREET ADDRESS

54.1 CITY-ST-ZIP

61.1 TITLE

62.1 NAME

63.1 STREET ADDRESS

64.1 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)(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:

Ellis F. Akins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLIS F. AKINS

MAR 6, 1996

813-623-1492

CR2E034 (12/95)