

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K76221**

(6)

1. Corporation Name

ATKINS, ELROD & COMPANY



Principal Place of Business

**212 E COLONIAL DRIVE
ORLANDO FL 32801
US**

Mailing Address

**212 E COLONIAL DRIVE
ORLANDO FL 32801
US**

3. Date Incorporated or Qualified

03/24/1989

3a. Date of Last Report

04/13/1995

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

4. FEI Number

59-2936730

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

**ATKINS, SCOTT P.
309 NIBLICK AVENUE
ORLANDO FL 32804**

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 607.0501 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 of person making this statement (Typed Name)

Date of filing (Typed Date)

Date

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ATKINS, SCOTT P.	
STREET ADDRESS	309 NIBLICK AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	☐ DELETE
NAME	ATKINS, CLEVE L	
STREET ADDRESS	39939 LAKE NORRIS RD	
CITY-ST-ZIP	EUSTIS 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

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY-ST-ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY-ST-ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY-ST-ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY-ST-ZIP	

14. I do hereby certify that the information reported herein 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:

Scott P. Atkins

SCOTT P. ATKINS

4/5/96

(407)

841-6067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)