


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

FILED

Mar 12 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **K84566** (4)
1. Corporation Name
ADKINS, INC.

Principal Place of Business
**7283 46TH AVE N
ST PETERSBURG FL 33709**

Mailing Address
**7283 46TH AVE N
ST PETERSBURG FL 33709**

2. Principal Place of Business
21 **17814 Oxenham Ave.**
Suite, Apt. #, etc.
22
City & State
23 **Brooksville, FL**
Zip
24 **34610** Country
25 **USA**

2a. Mailing Address
26 **17814 Oxenham Ave**
Suite, Apt. #, etc.
27
City & State
28 **Brooksville, FL**
Zip
29 **34610** Country
30 **US**

3. Date Incorporated or Qualified
04/27/1989

4. FEI Number
59-2940595

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
**ADKINS, LARRY
7283 46TH AVE N
ST PETERSBURG FL 33709**

10. Name and Address of New Registered Agent
81 Name **Adkins, Larry**
82 Street Address (P.O. Box Number is Not Acceptable)
17814 Oxenham Ave
83
84 City **Brooksville** **FL** 85 Zip Code **34610**

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 **Larry Adkins** **Larry Adkins president** **3-3-1998**
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | ADKINS, LARRY D. | |
| STREET ADDRESS | 7283 46TH AVE N | |
| CITY-ST-ZIP | ST PETERSBURG FL | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | ADKINS, CYNTHIA D. | |
| STREET ADDRESS | 7283 46TH AVE N | |
| CITY-ST-ZIP | ST PETERSBURG FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | Adkins | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | P.O. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Adkins, Larry D. | |
| 1.3 STREET ADDRESS | 17814 Oxenham Ave | |
| 1.4 CITY-ST-ZIP | Brooksville, FL 34610 | |
| 2.1 TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Adkins, Cynthia D. | |
| 2.3 STREET ADDRESS | 17814 Oxenham Ave | |
| 2.4 CITY-ST-ZIP | Brooksville, FL 34610 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 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, or on an attachment with an address.

SIGNATURE: **Larry Adkins** **Larry Adkins president** **3-3-98**

813-856-3385

CP2E034 (10/97)