


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

FILED
Jun 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L36205 (7) 1. Corporation Name COLLINS SERVICES, INC.			
Principal Place of Business % B.L. ADKINS 3521 FORSYTH RD WINTER PARK FL 32792		Mailing Address % B.L. ADKINS 3521 FORSYTH RD WINTER PARK FL 32792-7422	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date incorporated or Qualified 12/11/1989		3a. Date of Last Report 04/02/1996	
4. FEI Number 59-2991254		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent ADKINS, B L 3521 FORSYTH RD WINTER PARK FL 32792		10. Name and Address of New Registered Agent 81 Name Larry Adkins 82 Street Address (P.O. Box Number is Not Acceptable) 3521 Forsyth Rd 83 84 City Winter Park FL 85 Zip Code 32792	
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: Gary Collins Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE D NAME ADKINS, B.L. STREET ADDRESS 3521 FORSYTH RD CITY-ST-ZIP WINTER PARK FL 32792 DELETE <input checked="" type="checkbox"/> TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE <input type="checkbox"/> TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE <input type="checkbox"/> TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE <input type="checkbox"/> TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE <input type="checkbox"/> TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE <input type="checkbox"/>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE President 1.2 NAME Larry Adkins 1.3 STREET ADDRESS 3521 Forsyth Rd 1.4 CITY-ST-ZIP Winter Park FL 32792 Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/> 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/> 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/> 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/> 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change <input type="checkbox"/> Addition <input type="checkbox"/>	



SIGNATURE:

SIGNATURE REQUIRED

4/25/97 402/678-7899

CR2E034 (9/96)