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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # L36205** 

1. Corporation Name

Principal Place of Business

COLLINS SERVICES, INC.

% B.L. ADKINS 3521 FORSYTH RD WINTER PARK FL 32792		% B.L. ADKINS 3521 FORSYTH RD WINTER PARK FL 32792			3	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  12/11/1989			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
21	-	26		-		59-2991254	- No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 / Fee Re		
City & Stat	e	City & State	<u></u>			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added		
Zip 24	Country 25	Zip 30	Country	/	1	<ol><li>This corporation owes the current y Personal Property Tax.</li></ol>	year Intangible ☐ Yes	□No	
	9. Name and Address of Curr	rent Registered Agent			10	0. Name and Address of New Regis	stered Agent		
ADKINS, LARRY 3521 FORSYTH RD WINTER PARK FL 32792			81 82 83	Stree	me eet Address (P.O. Box Number is Not Acceptable)				
			84	City	·· <del>···</del> ···		FL 85 Zip (	Code	
agent. I a SIGNATURE	m familiar with, and accept the obl	igations of, Section 607.0505, Florida Lacro	a Statute:	5.	e required when	board of directors. I hereby accept the	8-99 DATE		
12.	P	DELETE	1.1 TITLE		T	ADDITIONS/CHANGES TO OFFICE	Change	Addition	
TITLE	ADKINS, LARRY		1.2 NAME						
NAME	A-A ( FOROVE) ( AB			TADDRES					
STREET ADDRESS	WINTER PARK FL	ı			~				
CITY-ST-ZIP	WINTER FARIN FL	DELETE	1.4 CITY-S 2.1 TITLE	SI-ZIP	<del></del>		[ ] Change	Addition	
NAME		2) 5222.4	2.2 NAME					_	
STREET ADDRESS			2.3 STREE	T ADDRES	s				
CITY-ST-ZIP		•	2. 4 CITY-						
TITLE		[] DELETE	3.1 TITLE	<u> </u>	<del>                                     </del>		☐ Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	TADDRES	s				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME			4. 2 NAME		l				
STREET ADDRESS			4.3 STREE	TADORES	s				
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition	
NAME			5.2 NAME						
STREET ADORESS		•	5.3 STREE		S				
OTTAL OT TID	1		5.4 CITY-5	ST-7IP	1				

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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[] DELETE

Adkins

4-28-99

7-678-7899

Addition

32F034 (11/98)

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90178 033 \*\*\*150.00