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 # **M73223** **(3)**

1. Corporation Name

AKERS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
7758 WALLACE RD STE 8 ORLANDO FL 32819 US	P. O. BOX 1556 WINDERMERE FL 34786 US

3. Date Incorporated or Qualified: **03/17/1988**

3a. Date of Last Report: **03/30/1995**

2. Principal Place of Business	2a. Mailing Address
21 Street Address: 7758 Wallace Rd.	26 Street Address: 7758 Wallace Rd.
22 Suite, Apt. #, etc.: Suite 1	27 Suite, Apt. #, etc.: Suite 1
23 City & State: Orlando Fl.	28 City & State: Orlando Fl.
24 Zip: 32819 25 Country: US	29 Zip: 32819 30 Country: US

4. FEI Number: **59-2881341** ☐ 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

AKERS, WILLIAM J.
8512 BAYHILL BLVD
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name: Akers, William J.
82 Street Address (P.O. Box Number is Not Acceptable): 7758 Wallace Rd
83: Suite 1
84 City: Orlando FL 85 Zip Code: 32819

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: Wm J. Akers, William J. AKERS Pr. CEO 3/15/96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	AKERS, WILLIAM J.		1.2 NAME		
STREET ADDRESS	8512 BAYHILL BLVD		1.3 STREET ADDRESS	6212 Masters Blvd.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	VDS	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	AKERS, B. FAYE		2.2 NAME		
STREET ADDRESS	8512 BAYHILL BLVD		2.3 STREET ADDRESS	6212 Masters Blvd.	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	D,V.	☐ Change ☑ Addition
NAME			3.2 NAME	James D. AKERS	
STREET ADDRESS			3.3 STREET ADDRESS	8978 Easterling Dr.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Orlando, Fl. 32819	
TITLE		☐ DELETE	4.1 TITLE	D.	☐ Change ☑ Addition
NAME			4.2 NAME	Timothy W. AKERS	
STREET ADDRESS			4.3 STREET ADDRESS	1071 Moran Rd.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Franklin, Tn. 37064	
TITLE		☐ DELETE	5.1 TITLE	D.	☐ Change ☑ Addition
NAME			5.2 NAME	Kristie Lynn AKERS	
STREET ADDRESS			5.3 STREET ADDRESS	8978 Easterling Dr.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Orlando, Fl. 32819	
TITLE		☐ DELETE	6.1 TITLE	D.	☐ Change ☑ Addition
NAME			6.2 NAME	Diane AKERS	
STREET ADDRESS			6.3 STREET ADDRESS	1071 Moran Rd.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Franklin, Tn. 37064	

CR2E034 (12/95)

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: Wm J. Akers William J. AKERS 3/15/96 407-352-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #