FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001465888
-04/27/95--01003--003
****200.00 ****200.00

DOCUMENT # **M82306** **(5)**

1. Corporation Name
ELKINS ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
14805 N. FLORIDA AVE. STE. #B TAMPA FL 33613	P.O. BOX 370011 TAMPA FL 33697-0011

3. Date Incorporated or Qualified: **05/20/1988**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21 **807 Bearss Ave.**
Suite, Apt. #, etc.
22 **Suite "A"**
City & State
23 **Tampa, Fl**
Zip 24 **33613** Country 25 **Hillsborought**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2889790** ☐ 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

ELKINS, ROBERT G.
14909 NORTHWOOD VILLAGE LANE
TAMPA FL 33613

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE		☐ Change ☐ Addition
NAME	ELKINS, ROBERT G.	1.2 NAME		
STREET ADDRESS	14909 N.WOOD VILLAGE LN.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	ELKINS, LEONA L.	2.2 NAME		
STREET ADDRESS	14909 N.WOOD VILLAGE LN.	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	SMILEE, MICHAEL P	3.2 NAME		
STREET ADDRESS	P.O. BOX 51	3.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	LUTZ FL 33549	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	CARDOSO, MICHAEL J	4.2 NAME		
STREET ADDRESS	10422 N. WOODMERE RD.	4.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	TAMPA FL 33617	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LW	

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)(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: Robert G. Elkins President 4-3-95 813-961-5869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0497819 FN