2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Feb 26, 2008 08:00 A Secretary of State **DOCUMENT # N05000012046** J. ADKINS FAMILY FOUNDATION, INC. Mailing Address Principal Place of Business 55 MARKET STREET APT. 202 P.O. BOX 968 APALACHICOLA, FL 32329 APALACHICOLA, FL 32320 01042008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ADKINS, JANET DO NOT WRITE 55 MARKET STREET APT, 202 APALACHICOLA, FL 32320 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2008 10. OFFICERS AND DIRECTORS TILLE NAME ADKINS, JANET E STREET ADDRESS 55 MARKET STREET APT. 202 CITY-ST-ZIP APALACHICOLA, FL 32320 U000000840310 TITLE 03/06/08-80042-012 61.25 NAME ADKINS, GORDON K STREET ADDRESS 32 AVENUE D SUITE 201 CITY - ST - 7IP APALACHICOLA, FL 32320 TITLE NAME ADKINS, JASON P STREET ADDRESS 32 AVENUE D SUITE 201 DO NOT WRITE CITY-ST-ZIP APALACHICOLA, FL 32320 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

DATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 25, 2008 (850) 653-1065

FILED