

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000122068 1. Entity Name WADKINS INVESTMENT CORPORATION																																																																																																			
Principal Place of Business 3963 E DIAMOND ST PACE, FL 32571		Mailing Address 3963 E DIAMOND ST PACE, FL 32571																																																																																																	
2. Principal Place of Business - No P.O. Box # 5372 Anthony Ave Suite, Apt. #, etc.		3. Mailing Address 5372 Anthony Ave Suite, Apt. #, etc.																																																																																																	
City & State Milton, FL Zip 32570		City & State Milton, FL Zip 32570																																																																																																	
Country USA		Country USA																																																																																																	
4. FEI Number 20-1541447		Applied For <input type="checkbox"/> Not Applicable																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																	
6. Name and Address of Current Registered Agent ALL FLORIDA FIRM INC 813 DELTONA BLVD STE A DELTONA, FL 32725		7. Name and Address of New Registered Agent Name Meleanie Wadkins Street Address (P.O. Box Number is Not Acceptable) Ronald Wadkins Jr. 5372 Anthony Ave City Milton FL Zip Code 32570																																																																																																	
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 Meleanie Wadkins, VSP DATE April 30, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																			
Amended AR is \$81.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:70%;">NAME WADKINS, PATRICIA A</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>3963 E DIAMOND ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>PACE, FL 32571</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">VP</td> <td style="width:70%;">NAME WADKINS, DONALD E</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>3963 E DIAMOND ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>PACE, FL 32571</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:70%;">NAME</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:70%;">NAME</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	P	NAME WADKINS, PATRICIA A	<input type="checkbox"/> Delete	STREET ADDRESS		3963 E DIAMOND ST		CITY-ST-ZIP		PACE, FL 32571		TITLE	VP	NAME WADKINS, DONALD E	<input type="checkbox"/> Delete	STREET ADDRESS		3963 E DIAMOND ST		CITY-ST-ZIP		PACE, FL 32571		TITLE		NAME	<input type="checkbox"/> Delete	STREET ADDRESS				CITY-ST-ZIP				TITLE		NAME	<input type="checkbox"/> Delete	STREET ADDRESS				CITY-ST-ZIP				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:70%;">NAME Wadkins, Ronald E. Jr.</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>5372 Anthony Ave</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>Milton, FL 32570</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">VSP</td> <td style="width:70%;">NAME Wadkins, Meleanie E</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>5372 Anthony Ave</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>Milton, FL 32570</td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:70%;">NAME</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;"></td> <td style="width:70%;">NAME</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	P	NAME Wadkins, Ronald E. Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		5372 Anthony Ave		CITY-ST-ZIP		Milton, FL 32570		TITLE	VSP	NAME Wadkins, Meleanie E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		5372 Anthony Ave		CITY-ST-ZIP		Milton, FL 32570		TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS				CITY-ST-ZIP				TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS				CITY-ST-ZIP			
TITLE	P	NAME WADKINS, PATRICIA A	<input type="checkbox"/> Delete																																																																																																
STREET ADDRESS		3963 E DIAMOND ST																																																																																																	
CITY-ST-ZIP		PACE, FL 32571																																																																																																	
TITLE	VP	NAME WADKINS, DONALD E	<input type="checkbox"/> Delete																																																																																																
STREET ADDRESS		3963 E DIAMOND ST																																																																																																	
CITY-ST-ZIP		PACE, FL 32571																																																																																																	
TITLE		NAME	<input type="checkbox"/> Delete																																																																																																
STREET ADDRESS																																																																																																			
CITY-ST-ZIP																																																																																																			
TITLE		NAME	<input type="checkbox"/> Delete																																																																																																
STREET ADDRESS																																																																																																			
CITY-ST-ZIP																																																																																																			
TITLE	P	NAME Wadkins, Ronald E. Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS		5372 Anthony Ave																																																																																																	
CITY-ST-ZIP		Milton, FL 32570																																																																																																	
TITLE	VSP	NAME Wadkins, Meleanie E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS		5372 Anthony Ave																																																																																																	
CITY-ST-ZIP		Milton, FL 32570																																																																																																	
TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS																																																																																																			
CITY-ST-ZIP																																																																																																			
TITLE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																
STREET ADDRESS																																																																																																			
CITY-ST-ZIP																																																																																																			
12. I hereby certify that the information supplied with this filing 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 607, 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: Meleanie Wadkins Date 4/30/08 (850) 983-7605 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																			

FILED

08 JUN 12 AM 11:58

CLERK OF STATE
TALLAHASSEE, FLORIDA



05012008 Chg-P CR2E034 (12/06)

4. FEI Number
20-1541447

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALL FLORIDA FIRM INC
813 DELTONA BLVD
STE A
DELTONA, FL 32725

Name **Meleanie Wadkins**
Street Address (P.O. Box Number is Not Acceptable)
Ronald Wadkins Jr.
5372 Anthony Ave
City **Milton** FL Zip Code **32570**

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 **Meleanie Wadkins, VSP** DATE **April 30, 2008**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WADKINS, PATRICIA A
3963 E DIAMOND ST
PACE, FL 32571 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Wadkins, Ronald E. Jr.
5372 Anthony Ave
Milton, FL 32570 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WADKINS, DONALD E
3963 E DIAMOND ST
PACE, FL 32571 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSP
Wadkins, Meleanie E
5372 Anthony Ave
Milton, FL 32570 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500131282235
06/13/08--01025--002 ***61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 607, 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: **Meleanie Wadkins** Date **4/30/08** (850) 983-7605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wadkins Investment Corporation

5372 Anthony Avenue

Milton FL 32570

May 2, 2008

State of Florida
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To whom this may concern:

My name is Meleanie Wadkins with Wadkins Investment Corporation located in Milton, FL. I recently went online with the Department of State (Division of Corporations) in order to file our Annual Report. I found that somehow we had already been registered however further investigation realized that we had not filed but another company by the name of "All Florida Firm Inc" located at 813 Deltona Blvd., Deltona, FL 32725 and agent name showing Shannon Dunn had filed as our agent and also changed the names of our Officers & Directors as well as location address to other persons. This was done fraudulently and under no circumstances did we give authorization for any such change to take place. We have no idea how someone can, as it seems, take over our Corporation without our knowledge. We have notified the Attorney General Office (Bill McCollum) along with the Department of Financial Services per instruction of the State of Florida.

I can be reached at (850) 232-7488 or (850) 983-7605 for any additional information needed.

Any assistance would be welcome in this case.

Regards,
Meleanie Wadkins
VSP, Wadkins Investment Corporation

