

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000027035 (3)**

1. Corporation Name
AADKINS, INC.



Principal Place of Business

1339 GLENCOE ST
JACKSONVILLE FL 32211
US

Mailing Address

P O BOX 8505
JACKSONVILLE FL 32239
US

2. Principal Place of Business

2a. Mailing Address

21 8140 Montasonta Avenue

26

Suite, Apt. #, etc.

State, Apt. #, etc.

22

City & State

27 City & State

23 Jacksonville, FL

County

28

Zip

Country

24 32211

25 Duval

29

30

g. Name and Address of Current Registered Agent

CLARK, BETTY R
8618 HAVERHILL ST
JACKSONVILLE FL 32211

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 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0601, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Officer/Director

Signature of Registered Agent or Officer/Director

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	[] DELETE
NAME	CLARK, BETTY R	
STREET ADDRESS	8618 HAVERHILL ST	
CITY, ST, ZIP	JACKSONVILLE FL	
TITLE	PTD	[] DELETE
NAME	CLARK, ROBERT E	
STREET ADDRESS	8151 MONTASONTA AVE	
CITY, ST, ZIP	JACKSONVILLE FL	
TITLE	VPD	[] DELETE
NAME	CLARK, EDDIE E	
STREET ADDRESS	8618 HAVERHILL ST	
CITY, ST, ZIP	JACKSONVILLE FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	[X] Change [] Addition
22 NAME	
23 STREET ADDRESS	8140 Montasonta Ave.
24 CITY, ST, ZIP	Jacksonville, FL 32211
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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 supplementary 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Clark 2/20/96 904-723-5656

CR2E034 (12/95)