

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90100 033 ***150.00

DOCUMENT # P93000027090

1. Corporation Name

ADKINS PROFESSIONAL REAL ESTATE & MORTGAGE CORP.



Principal Place of Business

6916 OSWEGO DRIVE
MOUNT DORA FL 32757
US

Mailing Address

6916 OSWEGO DRIVE
MOUNT DORA FL 32757
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1993

4. FEI Number

59-3172978

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 16130 LK. Saunders Dr.

2a. Mailing Address

26 16130 LK. Saunders Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Tavares, FL

City & State

28 Tavares, FL

Zip Country

24 32778 25 USA

29 32778 30 USA

9. Name and Address of Current Registered Agent

ADKINS, MICHELLE
6916 OSWEGO DRIVE
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name Michelle L. Adkins - Maddy

82 Street Address (P.O. Box Number is Not Acceptable)

16130 LK Saunders Dr.

83

84 City Tavares FL 85 Zip Code 32778

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

Michelle L. Adkins - Maddy

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PVPT ☐ DELETE
NAME ADKINS, MICHELLE L
STREET ADDRESS 6916 OSWEGO DR
CITY-ST-ZIP MT DORA 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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres, Secretary, Treasure ☒ Change ☐ Addition
1.2 NAME Michelle L. Adkins - Maddy
1.3 STREET ADDRESS 16130 LK Saunders Dr.
1.4 CITY-ST-ZIP Tavares, FL 32778

2.1 TITLE V-Pres. ☐ Change ☒ Addition
2.2 NAME Edward E. Maddy
2.3 STREET ADDRESS 16130 LK Saunders Dr.
2.4 CITY-ST-ZIP Tavares, FL 32778

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Michelle L. Adkins - Maddy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/99

DATE

(352) 483-3393

Daytime Phone #

CR2E034 (1/1/98)