

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P93000040116 (4)

1. Corporation Name

AKINS TRUCKING SERVICE, INC.

**APPROVED
AND
FILED**

95 MAY -1 PM 11:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**9526 SIDNEY HAYES RD.
ORLANDO FL 32624
US**

Mailing Address

**P.O. BOX 620397
ORLANDO FL 32662-0397
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/07/1993

3a. Date of Last Report

06/17/1994

4. FEI Number

59-3185825

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AKINS, ROY A JR
1621 HEMPEL AVE
GOTHA FL 34734**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PTS		
	AKINS, ROY J		
	1621 HEMPEL AVE.		
	GOTHA FL		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
2. 1 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
3. 1 TITLE		
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
4. 1 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
5. 1 TITLE		
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
6. 1 TITLE		
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 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:

Roy A. Akins Jr.

(Signature and Typed or Printed Name of Registered Officer or Director)

4-26-95

407-859-4114

(Date)

(Telephone Number)