4-28-98 B FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P94000040852 (3)

ATKINS	S ENTERPRISES, INC.				 	8(1 88(1) 48()) 88 () 18 () 8	HEN OMON KENONEN	
Principal Place of Business Mailing Address					((Bald£8) (Ia Ialii B)		SOM MOIR! ABIDI BII	FØ 31 0 1 1001
4900 MANATEE AVE W 4900 MANATEE AVE W					1		•	
STE 101 BRADENTON	FL 34209	BRADE INTON FL 34209	STE 101 BRADE INTON FL 34209		DO NOT WRITE IN THIS SPACE			
U\$		us		3. Date Incorporated or Qualified				
					05/27/1994			
	lace of Business	2a. Mailing Address			4. FEI Number	T. Aprilos 1.5		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0498138	······································	Not Applicable \$8.75 Additional		
22	#, O(O)	<u> </u>	27		5. Certificate of Status	s Desired	Fee Re	
City & Stat	e .	City & State		6. Election Campaign	Financing	\$5.00	May Be	
23		28			Trust Fund Contrib	ution 🔲	Added t	
Zip	Country	Zip	Coun	lry	8. This corporation ov	,		
24	9. Name and Address of Curre	nt Registered Agent	30		Personal Property 10. Name and Addres] No
CT.	EAGALL, BARRY M		[1 Name				
5900 CENTRAL AVE				Street A	ress (P.O. Box Number is	Not Acceptable)		
SUITE J			ľ	2 3116617	ress (F.O. BOX 14umber is	NOt Acceptable)		
ST PETERSBURG FL 33707			E	33				
			ε	4 City			85 Zip (Code
	- 40 - Fee 007 05	00 - 1007 4500 FL 33 - 00 to	46		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F		3-1
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 soent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								registered
agent. I a	ım familiar with, and accept the oblig	gations of, Section 607.0505, Flo	orida Statu	tes.				
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable (NOT	E: Registered /	Agent signature	red when reinstating)	DATE		
12.		ND DIRECTORS	13.		ADDITIONS/CHANG	ES TO OFFICERS AF		
TITLE	D	DELETE 1.11					Change	☐ Addition
NAME	ATKINS, J. THOMAS		1.2 NAM	4				
STREET ADDRESS	318 LING-A-MOR TERR S			EET ADDRESS				
CITY-ST-ZIP TITLE	ST PETERSBURG FL 33705	DELETE	2.1 T(TL	- ST - ZIP			Change	☐ Addition
NAME		2.2						
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP				Y-ST-2IP				
TITLE		DELETE	3.1 TITU	-			Change	Addition
NAME			3.2 NAM	IE				
STREET ADDRESS			3.3 STR	EET ADDRESS				
CITY-ST-ZIP			_	Y-ST-ZIP				
TITLE		☐ DELETE	4.1 TITL	E			Change	☐ Addition
NAME			4. 2 NA)	i i				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY	-ST-ZIP			Change	Addition
NAME		DCCC1L	5.2 NAM				J.m.y	
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE		☐ DELETE	6.1 TITU			,	Change	Addition
NAME			6.2 NAM	ie				
STREET ADDRESS			6.3 STRE	EET ADDRESS				
CITY-ST-ZIP			6.4 CITY	-ST-ZIP				

14. Thereby 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 trustog 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 or an attachment with an address.

FILED

Apr 28 1998 8:00am

Secretary of State