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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

**DOCUMENT #**1. Corporation Name

P94000069975 (8)

PAUL K. ATKINS, INC.

Principal Place o	of Business	Mailing Addres	ss		I DEDICATE THE DESIGN CHAIN CONTRACTOR	IIII <b>48</b> 111 <b>48</b> 11 <b>9 8</b>		161 <b>12001 0</b> 011 <b>100</b> 1
468 STENDAL RD. NW PALM BAY FL 32907		468 STEND Palm Bay	AL RD., NW FL 32907					
					3. Date Incorporated or Qualified 909/21/1994	3a. Date	of Last Re 4/03/19	
2. Principal Plac	e of Business	2a. Mailing Add	dress		4. FEI Number 59-3273994		$\vdash$	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt.	#, etc.		5. Certificate of Status Desired		\$8.75	Additional
City & State		City & State	ə		6. Election Campaign Financing	<u></u>		Required
3		28			Trust Fund Contribution			D May Be d to Fees
Zip ∄	Country	Zip	Cour	ntry	8. This corporation has liability for		under s	199.032,
4	25   9. Name and Address of Curre	29   ent Registered Agent	]30]		Florida Statutes Yes  10. Name and Address of New F	⊟ No Registered A	gent	
			···	81 Name	10.		gon	
O'BRIEN	I, JAMES M		-	82 Street Add	ress (P.O. Box Number is Not Acceptat	via\	· • • · · · · · · ·	
516 N. H	HARBOR CITY BLVD.				1855 (F.O. DOX NOTIDE) IS NOT Acceptat	ло <sub>/</sub>		
MELBOL	JRNE FL 32935			83				
	$\sim$		ļ ,	84 City		FI.	85 Zıç	Code
II. Pursuant to	the provisions of Sections 202000	02 and 607.1508. Florid	da Statutes, the above	e-named corpo	ration submits this statement for the pul ard of directors. I hereby accept the app		noing its r	egistered office
familiar with	, and accept the obligations of fee	ction 607.0505_Herida	a Statutes.					
BIGNATURF _s	gliature, typical y protect name of not itered as	ofton 607.0505. Horida in and the if applicable ND DIRECTORS		Agent signature require		DATE		RS IN 12
SIGNATURE -s	grature. Interdifferent frank it of hered of OFFICERS AT	nt and title if applicable	(NOTE: Flogistered /	Agent signature require	ed when reinstating)	DATE ICERS AND		RS IN 12
SIGNATURE s	OFFICERS AT  ATKINS, PAUL	nt and stic if applicable  ND DIRECTORS	(NOTE: Registered a	Agent agriature require	ed when reinstating)	DATE ICERS AND	DIRECTO	
SIGNATURE SI	D ATKINS, PAUL 468 STENDAL RD., NW	nt and stic if applicable  ND DIRECTORS	(NOTE: Registered / 13. ELETE 1.1 TH	Agent agriature require	ed when reinstating)	DATE ICERS AND	DIRECTO	
IGNATURF S:  2.  ILEF  AME  IHLET ADDRESS  HTY-ST-ZIP	OFFICERS AT  ATKINS, PAUL	NO DIRECTORS	NOTE Registered	Agent eignature require ILE ME REET ADDRESS Y-ST-ZIP	ed when reinstating)	DATE ICERS AND	DIRECTO Change	Addition
SIGNATURE S:  2.  III.E  AME  THEF ADDRESS  NY - ST - ZIP	D ATKINS, PAUL 468 STENDAL RD., NW	nt and stic if applicable  ND DIRECTORS	NOTE Registered 13. LEFE 1.1 TH 1.2 NAI 1.3 STF 1.4 C/T LETE 2.1 TH	Agent agreeture require  LE  ME  REET ADDRESS  Y-S1-ZIP  LE	ed when reinstating)	DATE ICERS AND	DIRECTO	
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INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #