

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000016983 (5)**

1. Corporation Name

ADKINS, JOHNS & YOUNG, INC.



Principal Place of Business

1234 AIRPORT RD
SUITE 224
DESTIN FL 32541

Mailing Address

P.O. BOX 1775
DESTIN FL 32540

3. Date Incorporated or Qualified **03/01/1995** 3a. Date of Last Report **April 1995**

2. Principal Place of Business
21 **1234 Airport Road**
22 **Suite 111**
23 **Destin, Florida**
24 **32541** 25 **U.S.A**
26 **P.O. BOX 6129**
27 **Suite, Apt. #, etc.**
28 **Destin, Florida**
29 **32541** 30 **U.S.A**

4. FEI Number **59-3299093**
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

9. Name and Address of Current Registered Agent

ADKINS, DANIEL R
1234 AIRPORT RD
SUITE 224
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name **Thomas W. Young**
82 Street Address (P.O. Box Number is Not Acceptable) **1120 EMERALD BAY DRIVE**
83
84 City **DESTIN** 85 Zip Code **FL 32541**

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 **Thomas W. Young** **Thomas W. Young** **Secretary/Treasurer** **4-25-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	CHAIRMAN OF BOARD <input type="checkbox"/> DELETE
NAME	DALE JOHNS
STREET ADDRESS	920 BAMBI DRIVE
CITY-ST-ZIP	DESTIN, Florida 32541
TITLE	President <input type="checkbox"/> DELETE
NAME	DAN ADKINS
STREET ADDRESS	1234 AIRPORT ROAD suite 111
CITY-ST-ZIP	DESTIN, Florida 32541
TITLE	SECRETARY/Treasurer <input type="checkbox"/> DELETE
NAME	Thomas W. Young
STREET ADDRESS	1120 EMERALD BAY DRIVE
CITY-ST-ZIP	DESTIN, Florida 32541
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, changed, or on an attachment with an address.

SIGNATURE: **Thomas W. Young** **Thomas W. Young** **4-25-96 (904) 833-8131**
Signature and typed or printed name of signing officer or director Date Telephone #

CR2E034 (12/95)