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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P95000038599 (3)

1. Corporation Name
ATKINS CONSTRUCTION, INC.

Principal Place of Business
1021 N.W. 185TH AVE.
PEMBROKE PINES FL 33029

Mailing Address
1021 N.W. 185TH AVE.
PEMBROKE PINES FL 33029

2. Principal Place of Business
21 19501 NE 10 Avenue, Suite 205
22 Suite, Apt. #, etc.
23 City & State: North Miami Beach, Florida
24 Zip: 33179
25 Country: USA

2a. Mailing Address
26 19501 NE 10 Avenue,
27 Suite, Apt. #, etc.: Suite 205
28 City & State: North Miami Beach, Florida
29 Zip: 33179
30 Country: USA

3. Date Incorporated or Qualified: 05/16/1995
3a. Date of Last Report:

4. FEI Number: 65-0581830 ☐ 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

9. Name and Address of Current Registered Agent
LEVINE, DAVID I
1776 NORTH PINE ISLAND ROAD
SUITE 208
PLANTATION FL 33322

10. Name and Address of New Registered Agent
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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	ATKINS, GENE	
STREET ADDRESS	1021 N.W. 185TH AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	V	☐ DELETE
NAME	SIMMONS, ALFRED	
STREET ADDRESS	7755 WEST KISMET STREET	
CITY-ST-ZIP	MIRAMAR FL 33023	
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	TREASURER	☐ Change ☒ Addition
1.2 NAME	TATE, PATRICIA	
1.3 STREET ADDRESS	1230 NW 192 STREET	
1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33169	
2.1 TITLE	SECRETARY	☐ Change ☒ Addition
2.2 NAME	CHANDLER, ANNETTE	
2.3 STREET ADDRESS	9999 SUMMERBREEZE DR. APT. 905	
2.4 CITY-ST-ZIP	SUNRISE, FLORIDA 33322	
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	400001831694	
4.4 CITY-ST-ZIP	-05/21/96--01041--024	
5.1 TITLE	***200.00	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Alfred Simmons, VP 4/26/96 (305) 655-1116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #