


FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF REVENUE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000051420 (4)

1. Corporation Name  
DENNIS ADKINS, INC.



Principal Place of Business 4025 MAVERICK AVENUE SARASOTA FL 34233	Mailing Address 4025 MAVERICK AVENUE SARASOTA FL 34233-1546
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2. Principal Place of Business 21 5094 Gantt Rd Suite, Apt. #, etc. 22 City & State 23 Sarasota, FL Zip 24 34233 Country 25 Sarason	2a. Mailing Address 26 5094 Gantt Rd. Suite, Apt. #, etc. 27 City & State 28 Sarasota, FL Zip 29 34233 Country 30 Sarason
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3. Date Incorporated or Qualified 06/29/1995	3a. Date of Last Report 08/12/1996
4. FEI Number 65-0590407	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

ADKINS, DENNIS  
4025 MAVERICK AVENUE  
SARASOTA FL 34233

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City
FL 35 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 registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ADKINS, DENNIS
STREET ADDRESS	4025 MAVERICK AVENUE
CITY-ST-ZIP	SARASOTA FL 34233
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	
11 TITLE	D
12 NAME	Adkins, Dennis
13 STREET ADDRESS	5094 Gantt Rd
14 CITY-ST-ZIP	Sarasota, FL 34233
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby 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 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: Dennis J. Adkins

4-15-97

941-921-9231

CR2E034 (9/96)