

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 # **P95000088548**

1. Corporation Name
ANKELINS COMPANY

Principal Place of Business Mailing Address

2. Principal Place of Business

21 **5657 PARK ST. N.**
Suite, Apt. #, etc.

22
City & State
ST. PETERSBURG, FL.

24 **33709** 25 **PINELLAS**

2a. Mailing Address

26 **5442 PARKSIDE VILLAS DR. W. 59 334425**
Suite, Apt. #, etc.

27
City & State
ST. PETERSBURG, FL.

29 **33709** 30 **PINELLAS**

3. Date Incorporated or Qualified
NOV. 16, 1995

3a. Date of Last Report
first

4. FEI Number 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. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

JOSEPH G. GAYTON
116 TREASURE ISLAND CAUSEWAY
TREASURE ISLAND, FL. 33706

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

Signature of Registered Agent or Registered Agent/Secretary/Officer

Signature of Registered Agent or Registered Agent/Secretary/Officer

DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	WILLIAM A. HEWES	
STREET ADDRESS	5442 PARKSIDE VILLAS DR. W.	
CITY-STATE-ZIP	ST. PETERSBURG, FL. 33709	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	WILLIAM A. HEWES	
STREET ADDRESS	5442 PARKSIDE VILLAS DR. W.	
CITY-STATE-ZIP	ST. PETERSBURG, FL. 33709	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	WILLIAM A. HEWES	
STREET ADDRESS	5442 PARKSIDE VILLAS DR. W.	
CITY-STATE-ZIP	ST. PETERSBURG, FL. 33709	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	WILLIAM A. HEWES	
STREET ADDRESS	5442 PARKSIDE VILLAS DR. W.	
CITY-STATE-ZIP	ST. PETERSBURG, FL. 33709	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	700001857127
43 STREET ADDRESS	-06/10/96--01025--032
44 CITY-STATE-ZIP	***225.00
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	900001857129
53 STREET ADDRESS	-06/10/96--01025--033
54 CITY-STATE-ZIP	***8.75
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(a), 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:

William A. Hewes Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 3, 1996 813-544-5565
DATE English Print

CR2E034 (12/95)

Handwritten initials and date: CL 6.10.96