FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90255 001 ***150.00

DOCUMENT # P97000008456

1. Entity Name
HAWKINS FLOORING INC.

DO NOT WRITE IN THIS SPACE

44044750

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2. Principal Place of Business	3. Mailing Address
11362 SAN JOSE BLVD	11362 SAN JOSE BLVD
Suite, Apt. #, etc. 3	Suite, Apt. #, etc. 3
City & State JACKSONVILLE, FL	City & State JACKSONVILLE FL
Zip 32223 Country DUVAL	Zip 32223 Country DUVAL

4. FEI Number 59-3421431 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name ROBERT T. HAWKINS

Street Address (P.O. Box Number is Not Acceptable) 12259 MARBON ESTATES LN E

City JACKSONVILLE FL Zip Code 32223

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert T. Hawkins ROBERT T. HAWKINS
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	BEVERLY HAWKINS
STREET ADDRESS	12259 MARBON ESTATES LN E.
CITY-ST-ZIP	JACKSONVILLE, FL. 32223
TITLE	VICE PRESIDENT
NAME	ROBERT T. HAWKINS
STREET ADDRESS	12259 MARBON ESTATES LN. E
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. I 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert T Hawkins ROBERT T HAWKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #