

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90366 026 ***150.00

004961R AV

DOCUMENT # P98000098170

1. Entity Name

CENTURY 21 AKINS & ASSOCIATES, INC.

Principal Place of Business

**5912 THOMAS DR
 PANAMA CITY BCH FL 32408**

Mailing Address

**5912 THOMAS DR
 PANAMA CITY BCH FL 32408**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5912 Thomas Dr.

3. Mailing Address

321 Greenwood Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Bch, FL

City & State

Panama City Bch, FL

Zip

32408

Country

USA

Zip

32407

Country

USA

4. FEI Number

59-3448996

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AKINS, REBA C

5912 THOMAS DR

PANAMA CITY BCH FL 32408

Name

Reba C. Hanson

Street Address (P.O. Box Number is Not Acceptable)

321 Greenwood Dr.

City

Panama City Bch

FL

Zip Code

32407

7. Name and Address of New Registered Agent

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.

SIGNATURE **Reba C. Hanson**

Signature, typed or printed name of registered agent and title if applicable.

Reba C. Hanson

4/20/02

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **AKINS, REBA C**
 STREET ADDRESS **5912 THOMAS DR**
 CITY-ST-ZIP **PANAMA CITY FL 32408**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **Hanson, Reba C.**
 STREET ADDRESS **321 Greenwood Dr.**
 CITY-ST-ZIP **Panama City Bch, FL 32407**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE OF REBA C. HANSON**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02
 Date

850-832-4300
 Daytime Phone #

CR2E034 (9/01)