

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90003 031 ***150.00

DOCUMENT # P98000104446

1. Entity Name
AKINS, INC.

Principal Place of Business

1016 LA SALLE ST 4444 Merrimac Ave
FIRST FLOOR
JACKSONVILLE FL 32207
Jax., FL
32210

Mailing Address

447 GARDENVIEW TERR
ORANGE PARK FL 32073

2. Principal Place of Business

4444 Merrimac Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Zip

32210

Country

USA

Country

4. FEI Number

59-3547197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

AKINS, DAVID
447 GARDENVIEW TERR
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(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 **CEO** ☐ Delete
 NAME **AKINS, KAREN B**
 STREET ADDRESS **447 GARDENVIEW TERR**
 CITY-ST-ZIP **ORANGE PK FL 32073**

TITLE **PT** ☐ Delete
 NAME **AKINS, DAVID L**
 STREET ADDRESS **447 GARDENVIEW TERR**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)