16 - 98 B - 0140 - C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

ADKINS TRANSFER, INC.

CITY-SI-ZIP

FILED Jan 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 106 CENTURY PARK CIRCLE WEST 106 CENTURY PARK CIRCLE WEST TALLAHASSEE FL 32304 TALLAHASSEE FL 32304 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/07/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-3117610 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation owes or has paid the current year intangible Yes 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ADKINS, NATHAN 108 CENTURY PARK CIRCLE WEST Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32304 83 84 City 85 Zip Code FL 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 it applicable (NOTI: Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 11 TITLE Change Addition TITLE ADKINS, JOHN NAME 1.2 NAME **6754 NEEDLES TRAIL** STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 1.4 City - St - Zip CST DELETE Change Addition TITLE 2.1 TITLE **ADKINS, NATHAN** NAME 2.2 NAME 6632 TIM TAM TRAIL STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 2 4 CITY-S1-ZIP DELETE Change Addition TITLE 31 TITLE ADKINS, DORIS NAME 3.2 NAME **66**32 TIM TAM TRAIL STREET ADDRESS 3.3 STREET ADDRESS TALLAHASSEE FL 32308 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 DILLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - \$1 - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 C(TY-ST-Z)P DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. 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 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 altachment with an address.

6.4 CITY-ST-ZIP

Nathan Alleine Soc Th