

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G93770

**Entity Name:** ELKINS CONSTRUCTORS, INC.**Current Principal Place of Business:**701 WEST ADAMS STREET  
JACKSONVILLE, FL 32204**Current Mailing Address:**701 WEST ADAMS STREET  
JACKSONVILLE, FL 32204**FEI Number:** 59-2405007**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLRED, BARRY L  
701 WEST ADAMS STREET  
JACKSONVILLE, FL 32204 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	CEOD
Name	ALLRED, BARRY L
Address	701 WEST ADAMS STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	VP, DIRECTOR
Name	HAMILTON, DAVID W
Address	701 WEST ADAMS ST
City-State-Zip:	JACKSONVILLE FL 32204

Title	PD
Name	WELCH, MATTHEW D
Address	701 WEST ADAMS STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	VD
Name	PARKER, W S
Address	701 WEST ADAMS ST
City-State-Zip:	JACKSONVILLE FL 32204

Title	VD
Name	STINSON, J B
Address	701 WEST ADAMS ST
City-State-Zip:	JACKSONVILLE FL 32204

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARRY L. ALLRED

CEO

04/06/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date