

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000027035

**Entity Name:** AADKINS, INC.

**Current Principal Place of Business:**

4806 SAN JUAN AVE  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4806 SAN JUAN AVE  
JACKSONVILLE, FL 32210 US

**FEI Number:** 59-3218535

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CLARK, ROBERT E  
870 CRESSWELL LANE WEST  
JACKSONVILLE, FL 32221 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            VPD  
Name            CLARK, ROBIN M  
Address        870 CRESSWELL LANE WEST  
City-State-Zip: JACKSONVILLE FL 32221

Title            P  
Name            CLARK, ROBERT E  
Address        870 CRESSWELL LANE WEST  
City-State-Zip: JACKSONVILLE FL 32221

Title            SD  
Name            CLARK, ROBERT A  
Address        870 CRESSWELL LANE WEST  
City-State-Zip: JACKSONVILLE FL 32221

Title            SD  
Name            CLARK, MICHELLE R  
Address        870 CRESSWELL LANE WEST  
City-State-Zip: JACKSONVILLE FL 32221

*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:** ROBERT CLARK

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04/08/2015

Electronic Signature of Signing Officer/Director Detail

Date