

SCANNED

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PROCESSED

**FOR OFFICE
USE ONLY:**

COMMISSION ON ETHICS
DATE RECEIVED

OCT 13 2008

ID Code



ID No.

217936

Conf. Code

P. Req. Code

Adkins Edward

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF ☐ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

****BOTH PARTS OF THIS SECTION MUST BE COMPLETED****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

DECEMBER 31, 2007

OR

SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS

OR

DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE
OF INCOME

SOURCE'S ADDRESS

DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

NIA

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF
BUSINESS ENTITYNAME OF MAJOR SOURCES
OF BUSINESS' INCOME

ADDRESS
OF SOURCE

PRINCIPAL BUSINESS
ACTIVITY OF SOURCE

NIA

PART C – REAL PROPERTY [Land, buildings owned by the reporting person]

NIA

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

N/A

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

N/A

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF
BUSINESS ENTITY

Mel-Re Group

ADDRESS OF
BUSINESS ENTITY

15051 S. Tamiami Tr

PRINCIPAL BUSINESS
ACTIVITY

REAL ESTATE

POSITION HELD
WITH ENTITY

OWNER / CEO

I OWN MORE THAN A 5%
INTEREST IN THE BUSINESS

YES

NATURE OF MY
OWNERSHIP INTEREST

OWNER

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):



DATE SIGNED (required):

10/7/08

FILING INSTRUCTIONS:**WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:**MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Blvd. South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

Cheryl Forchilli
Chair
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Vice Chair
Linda D. Conahan
Larry R. Handfield
Frank Kruppenbacher
Jean M. Larsen
Albert P. Massey, III
Thomas P. Scarritt, Jr.
Robert J. Sniffen



State of Florida
COMMISSION ON ETHICS
P.O. Drawer 15709
Tallahassee, FL 32317-5709

3600 Maclay Blvd., South, Suite 201
Tallahassee, FL 32312

Philip Claypool
Executive Director

Virilindia Doss
Deputy Executive Director

(850) 488-7864 Phone
(850) 488-3077 (FAX)
www.ethics.state.fl.us

October 13, 2008

The Honorable Sharon Harrington
Supervisor of Elections
P O Box 2545
Ft Myers FL 33902-2545

Dear Ms. Harrington:

Enclosed is the 2007 Form 1, Statement of Financial Interests, filed with this office by the following:

Edward Adkins 217936

If you have any questions, please do not hesitate to call.

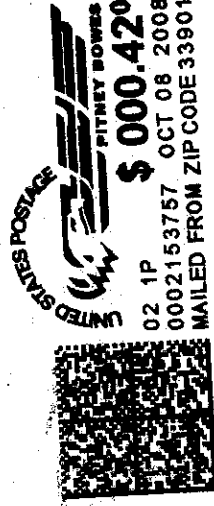
Sincerely,

Connie A Evans
Executive Secretary

Enclosure

08OCT17PM1146 SDE Lee Co Fl

18061 S. Tamiami Trail, Ste 203
Fort Myers, FL 33908



Commission on Ethics
PO Drawer 15709
Tallahassee, FL 32317-5709

3231755709



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State of Florida
Commission on Ethics

3600 Maclay Boulevard, South, Suite 201
Post Office Drawer 15709
Tallahassee, FL 32317-5709



FIRST CLASS



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MAILED FROM ZIP CODE 32312

The Honorable Sharon Harrington
Supervisor of Elections
P O Box 2545
Ft Myers FL 33902-2545

