

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 136678 (0)

1. Corporation Name
ROBBINS MANUFACTURING COMPANY



Principal Place of Business 13001 N NEBRASKA AVE TAMPA FL 33612-4456 US	Mailing Address 13001 N NEBRASKA AVE TAMPA FL 33612-4456 US
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3. Date Incorporated or Qualified 11/18/1938	3a. Date of Last Report 01/30/1996
4. FEI Number 59-0424645	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

**ROBBINS, CHARLES M
 13001 N NEBRASKA AVE
 TAMPA FL 33612**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0602 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 _____ DATE _____
Signature typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROBBINS, JEROME G II	
STREET ADDRESS	3410 VIRGINIA CT.	
CITY - ST - ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBBINS, R J	
STREET ADDRESS	3011 HAWTHORNE	
CITY - ST - ZIP	TAMPA FL	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	ROBBINS, WILLIAM L.	
STREET ADDRESS	4107 MULLEN AVE.	
CITY - ST - ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALL, LAURENCE W JR	
STREET ADDRESS	3003 VILLA ROSA	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROBBINS, CHARLES M	
STREET ADDRESS	2930 HAWTHORNE	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBBINS, R. JAMES, JR.	
1.3 STREET ADDRESS	101 E. KENNEDY BLVD., STE 3700	
1.4 CITY - ST - ZIP	TAMPA, FL 33602	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	ASATD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 attachment with an address.

SIGNATURE: *Charles M. Robbins* DATE: **1-14-97** TIME: **8:13-97-3830**

CR2E034 (9/96)

**OFFICERS/DIRECTORS
CONT'D**

**D
STEIN, NORM
3100 E. FLETCHER AVE.
TAMPA, FL 33613**

**D
HOWZE, THOMAS
5414 26TH STREET W.
BRADENTON, FL 34207**

**D/V
COTANDA, DIONEL
3320 W. OSBORNE AVE.
TAMPA, FL 33614**

**OFFICERS/DIRECTORS
CONT'D**

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