

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

FILED
Feb 10 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

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 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 21 2. Principal Place of Business | 26 2a. Mailing Address |
| Suite, Apt #, etc | Suite, Apt #, etc |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/18/1938 | |
| 4. FEI Number 59-0424645 | Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 type="checkbox"/> DELETE |
| NAME | ROBBINS, R J JR | |
| STREET ADDRESS | 101 E KENNEDY BLVD STE 3700 | |
| 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 | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | ROBBINS, JEROME G II | |
| 1.3 STREET ADDRESS | 3413 MULLEN AVE. | |
| 1.4 CITY-ST-ZIP | TAMPA, FL 33609 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 an attachment with the address.

SIGNATURE: *Charles M Robbins VP & Treas* 2-4-98 971-3130

CR2E034 (10/97)

**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**