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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 657819 (9)

**1. Corporation Name
ROBINSON SHAW, INC.**

Principal Place of Business Mailing Address
**116 WINDING MEADOWS DR.
P.O. BOX 786
FLT ROCK, NC. 28731** **116 WINDING MEADOWS DR.
P.O. BOX 786
FLT ROCK, NC. 28731**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/04/1980 **3a. Date of Last Report** 04/27/1994
4. FEI Number 59-2043534 **Applied For** Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business **2a. Mailing Address**
21 **26**
22 Suite, Apt. #, etc. **27** Suite, Apt. #, etc.
23 City & State **28** City & State
24 Zip **25** Country **29** Zip **30** Country

9. Name and Address of Current Registered Agent
**ROBINSON, WILLIAM H. JR.
1228 MUNSTER ST.
ORLANDO FL 32803**

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 **FL**

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 *William H. Robinson Pres. William H. Robinson* *4/14/95*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when registering.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROBINSON, WM H
STREET ADDRESS	116 WINDING MEADOWS DR.
CITY - ST - ZIP	FLT ROCK NC
TITLE	D
NAME	SHAW, DAVID L.
STREET ADDRESS	1409 CHARTER CT.
CITY - ST - ZIP	ORLANDO FL
TITLE	DVP
NAME	ROBINSON, WILLIAM H. JR
STREET ADDRESS	1228 MUNSTER ST.
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *William H. Robinson Pres. William H. Robinson* *4/14/95* *704.693.8481*
Signature and typed or printed name of signing officer or director Title Daytime Phone #