

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mathiam

Secretary of State

1996 4-12-96

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DOCUMENT # F47176 (5)

1. Corporation Name

ST. PETERSBURG MAP & BLUE PRINT CO.



Principal Place of Business

C/O H. TODD ROBBINS  
620 1ST AVE S.  
ST. PETERSBURG FL 33701  
US

Mailing Address

C/O H. TODD ROBBINS  
620 1ST AVE S.  
ST. PETERSBURG FL 33701  
US

3. Date Incorporated or Qualified <b>10/05/1981</b>	3a. Date of Last Report <b>04/17/1995</b>
4. FEI Number <b>59-2130546</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ROBBINS, TODD H.  
620 FIRST AVENUE, SOUTH  
ST PETERSBURG, FL  
33701

10. Name and Address of New Registered Agent

81 Name <b>H. Todd Robbins</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b>
85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1603, 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 607.0603, Florida Statutes.

SIGNATURE

*H. Todd Robbins*

4-8-96

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	ROBBINS, TODD H.	STREET ADDRESS	2411 39TH AVENUE, NORTH	CITY-STATE-ZIP	ST PETERSBURG, FL 00000	<input type="checkbox"/> DELETE
TITLE	PD	NAME	ROBBINS, HARRY	STREET ADDRESS	6443 30TH AVE	CITY-STATE-ZIP	ST PETERSBURG, FL 00000	<input type="checkbox"/> DELETE
TITLE	ST	NAME	ROBBINS, DONNA K.	STREET ADDRESS	2411 39TH AVENUE, N	CITY-STATE-ZIP	ST PETERSBURG, FL 00000	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		<input type="checkbox"/> DELETE

13.

11 TITLE		12 NAME	Robbins, H. Todd	13 STREET ADDRESS		14 CITY-STATE-ZIP	33714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
17 TITLE		18 NAME	VPD Robbins, HARRY JR.	19 STREET ADDRESS		20 CITY-STATE-ZIP	33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE		22 NAME		23 STREET ADDRESS		24 CITY-STATE-ZIP	33714	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 TITLE		28 NAME		29 STREET ADDRESS		30 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		32 NAME		33 STREET ADDRESS		34 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
37 TITLE		38 NAME		39 STREET ADDRESS		40 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		42 NAME		43 STREET ADDRESS		44 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
47 TITLE		48 NAME		49 STREET ADDRESS		50 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		52 NAME		53 STREET ADDRESS		54 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
57 TITLE		58 NAME		59 STREET ADDRESS		60 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		62 NAME		63 STREET ADDRESS		64 CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 owner 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 of this report or on any previous report of this address.

SIGNATURE:

*H. Todd Robbins*

H. Todd Robbins 4/5/96

(813)821-3530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)