

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 <sup>3-16-95 8-2230-C</sup>

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:47

DOCUMENT # F89990 (8)

1. Corporation Name  
ROBBINS INSURANCE, INC.

Principal Place of Business Mailing Address  
601 BAYSHORE BLVD P.O. BOX 3375  
SUITE 980 TAMPA FL 33601-3375  
TAMPA FL 33606  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/09/1982  
3a. Date of Last Report 01/24/1994  
4. FEI Number 59-2203655 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent  
HORTON, EARL E. JR.  
601 BAYSHORE BOULEVARD  
TAMPA FL 33606  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
601 Bayshore Boulevard, Suite 980  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	ROBBINS II, JEROME G. 3410 VIRGINIA CT. TAMPA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	HALL JR., LAURENCE W. 3003 VILLA ROSA TAMPA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE S	ROBBINS JR., R. JAMES 2605 EDGEWOOD RD. TAMPA FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE CV	ROBBINS, CHARLES M. 2930 HAWTHORNE RD. TAMPA FL	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	William A. Massaro, Jr.
STREET ADDRESS		4.3 STREET ADDRESS	415 Bon Aire Ave.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Temple Terrace, FL 33617
TITLE PT	HORTON, EARL E. JR 30 SPANISH MAIN TAMPA FL	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	President (only)
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE T	ANASTASI, CHERYL A. 237 LAKESIDE DR LUTZ FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 107, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cheryl A. Anastasi Cheryl A. Anastasi, 1-24-95 818-251-1099  
Treasurer Date Changing Title