

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/7/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 JUL -5 AM 9:05

**DOCUMENT # F9200000263 (5)**

1. Corporation Name

**ROBINS & MORTON CORPORATION**

SECRET OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 1901 ROBINS DRIVE BIRMINGHAM AL 35209  
Mailing Address: 1901 ROBINS DRIVE BIRMINGHAM AL 35209

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/03/1992	04/07/1994
22		27		4. FEI Number	Applied For
23		28		63-1076742	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				7. This corporation has liability for intangible tax under s. 199(2)(b), Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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, 6502 and 607, 1509, Florida Statutes, the herein 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, 6509, Florida Statutes.

SIGNATURE: *Bobby J. Harris* (Signature of Registered Agent) and *Bobby J. Harris* (Signature of Officer or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	PD GORDON, WAYNE 1901 ROBINS DRIVE BIRMINGHAM AL 35209	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	STD HARRIS, BOBBY J 1901 ROBINS DRIVE BIRMINGHAM AL 35209	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	VD MORTON, BILL 1901 ROBINS DRIVE BIRMINGHAM AL 35209	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		8. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is substantially true and correct except for the amendments stated in Section 13 of this form. I further certify that the information submitted on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if my name were that of an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or is otherwise listed with an address.

SIGNATURE: *Bobby J. Harris*  
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
*Bobby J. Harris*

6-26-95 (205) 670-1000

CR2E034 (3/95)