


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F92000000263
1. Entity Name
ROBINS & MORTON CORPORATION



Principal Place of Business 400 SHADES CREEK PKWY STE 200 BIRMINGHAM, AL 35209 US	Mailing Address PO BOX 59289 BIRMINGHAM, AL 35259 US
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DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 63-1076742	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000032731
02/05/04-80015-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GORDON, WAYNE 400 SHADES CREEK PKWY, STE 200 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GORDON, WAYNE 400 SHADES CREEK PKWY., 200 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MORTON, BILL 400 SHADES CREEK PKWY., 200 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wayne Gordon Wayne Gordon / 01/28/04 205-870-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #