

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE SAID: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 JUN 30 AM 9:54**

**DOCUMENT # H22195 (2)**

1. Corporation Name  
**ROBIN SHEPHERD STUDIOS, INC.**

Principal Place of Business Making Address  
**WILLIAM P BRANT**  
**476 RIVERSIDE**  
**JACKSONVILLE FL 32202**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/17/1984** 3a. Date of Last Report **08/01/1994**  
4. FEI Number **59-2492689** 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**  
7. This corporation has liability for intangible tax under s. 192.002, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRANT, WILLIAM P**  
**50 NORTH LAURA STREET**  
**SUITE 3100 - BARNETT CENTER**  
**JACKSONVILLE FL 32301**

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City **FL** 05 Zip Code

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

(Signature field is credit name of registered agent and the filer/submitter)

2407. Registered Agent signature required when re-registering

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '94

TITLE **D**  
NAME **DUKE, JOSEPH Z.**  
STREET ADDRESS **3680 RICHMOND ST.**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PO**  
NAME **SHEPHERD, ROBIN W.**  
STREET ADDRESS **73 DEWEES AVE.**  
CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  Change  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 119.07(3)(a), 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: *Robin W. Shepherd* **ROBIN W. SHEPHERD** **6/26/95** **904-359-0151**  
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

CR2E034 (3/95)