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**FILED**

**May 01 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # H22195 (2)**  
1. Corporation Name  
**ROBIN SHEPHERD STUDIOS, INC.**



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

Mailing Address  
**WILLIAM P. BRANT  
476 RIVERSIDE  
JACKSONVILLE FL 32202  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/17/1984**

4. FEI Number  
**59-2492689**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

21 **500 BISHOPGATE LANE**  
Suite, Apt. #, etc.

22

23 **JACKSONVILLE, FL**  
City & State

24 **32204** 25 **USA**  
Zip Country

2a. Mailing Address

26 **500 BISHOPGATE LANE**  
Suite, Apt. #, etc.

27

28 **JACKSONVILLE, FL**  
City & State

29 **32204** 30 **USA**  
Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME **D SCHIFANELLA, THOMAS**

STREET ADDRESS **20 17TH ST**

CITY-ST-ZIP **ATLANTIC BCH FL**

TITLE  DELETE

NAME **PD SHEPHERD, ROBIN W.**

STREET ADDRESS **73 DEWEES AVE.**

CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E034 (10/97)

*[Handwritten signatures and dates]*