

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000025313 (5)

1. Corporation Name
ROBOCOM, INC.



Principal Place of Business: **3111 - 1ST STREET, SW LEHIGH ACRES FL 33971-2303**
Mailing Address: **3111 - 1ST STREET, SW LEHIGH ACRES FL 33971-2303**

| | |
|---|--|
| 3. Date Incorporated or Qualified 03/29/1994 | 3a. Date of Last Report 01/24/1995 |
| 4. FEI Number 65-0480622 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| | Country 30 |

| | | | |
|---|--|--|-----------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| KEE, THOMAS R 3111 - 1ST STREET, SW LEHIGH ACRES FL 33971-2303 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEE, THOMAS R | 12 NAME | |
| STREET ADDRESS | LOT 38, TROPICAL VILLAGE MHP | 13 STREET ADDRESS | |
| CITY-ST-ZIP | CLEWISTON FL 33440 | 14 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEE, ELIZABETH A | 22 NAME | |
| STREET ADDRESS | 3111 - 1ST STREET, SW | 23 STREET ADDRESS | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33971-2303 | 24 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3. 1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 32 NAME | D James C. Kee |
| STREET ADDRESS | | 33 STREET ADDRESS | 3111 1st St. S.W. |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | Lehigh Acres, FL 33971-2303 |
| TITLE | <input type="checkbox"/> DELETE | 4. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas R. Kee **Thomas R. Kee** **3-14-96** **941-369-8999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)