

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 136678

**Entity Name:** ROBBINS MANUFACTURING COMPANY

**Current Principal Place of Business:**

13001 N NEBRASKA AVE  
TAMPA, FL 33612-4456

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**6465208695CC**

**Current Mailing Address:**

PO BOX 17939  
TAMPA, FL 33682-7939 US

**FEI Number: 59-0424645**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROBBINS, II, JEROME G  
13001 N NEBRASKA AVE  
TAMPA, FL 33612 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name BROWN, WILLIAM EJR  
Address 19491 DEER LAKE RD  
City-State-Zip: LUTZ FL 33548

Title D  
Name HOWZE, THOMAS A  
Address 13001 N NEBRASKA AVE  
City-State-Zip: TAMPA FL 33612

Title D, PRESIDENT  
Name SCOTT, BRYANT  
Address 13001 N NEBRASKA AVE  
City-State-Zip: TAMPA FL 33612-4456

Title CD  
Name HALL, LAURENCE W JR  
Address 17110 RAINBOW TERRACE  
City-State-Zip: ODESSA FL 33556

Title SVD  
Name ROBBINS, II, JEROME  
Address 3413 MULLEN AVE  
City-State-Zip: TAMPA FL 33609

Title D, VC  
Name COTANDA, DIONEL  
Address 13001 N NEBRASKA AVE  
City-State-Zip: TAMPA FL 33612

Title VP, DIRECTOR  
Name LOMBARDI, BRIAN  
Address 13001 N NEBRASKA AVE  
City-State-Zip: TAMPA FL 33612-4456

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAM E. BROWN, JR.**

**VP**

**02/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date