## **2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F92000000263

**Entity Name: ROBINS & MORTON CORPORATION** 

**Current Principal Place of Business:** 

400 SHADES CREEK PARKWAY BIRMINGHAM. AL 35209

**Current Mailing Address:** 

400 SHADES CREEK PARKWAY BIRMINGHAM, AL 35209 US

FEI Number: 63-1076742 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Feb 27, 2023

**Secretary of State** 

7334996524CC

Officer/Director Detail:

Title CFO Title DIRECTOR

Name LEAVER, BEN Name SAVAGE, ROBIN

Address 400 SHADES CREEK PARKWAY Address 400 SHADES CREEK PARKWAY

City-State-Zip: BIRMINGHAM AL 35209 City-State-Zip: BIRMINGHAM AL 35209

Title DIRECTOR Title VP

Name MORTON, BILL Name LEAVER, BEN

Address 400 SHADES CREEK PARKWAY Address 400 SHADES CREEK PARKWAY

City-State-Zip: BIRMINGHAM AL 35209 City-State-Zip: BIRMINGHAM AL 35209

Title SECRETARY Title PRESIDENT

Name LEAVER, BEN Name SAVAGE, ROBIN

Address 400 SHADES CREEK PARKWAY Address 400 SHADES CREEK PARKWAY

City-State-Zip: BIRMINGHAM AL 35209 City-State-Zip: BIRMINGHAM AL 35209

Title CEO

Name MORTON, BILL

Address 400 SHADES CREEK PARKWAY

City-State-Zip: BIRMINGHAM AL 35209

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: BILL MORTON CEO 02/27/2023