


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90079 039 ***150.00

DOCUMENT # 136678 1. Entity Name ROBBINS MANUFACTURING COMPANY					
Principal Place of Business 13001 N NEBRASKA AVE TAMPA, FL 33612-4456 US				Mailing Address 13001 N NEBRASKA AVE TAMPA, FL 33612-4456 US	
2. Principal Place of Business		3. Mailing Address P.O. Box 17939			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State TAMPA FLORIDA		4. FEI Number 59-0424645	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33682-7939		Country		6. Name and Address of Current Registered Agent ROBBINS, CHARLES M 13001 N NEBRASKA AVE TAMPA, FL 33612	
City & State		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBBINS, JEROME G II 3413 MULLEN AVE TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP WILLIAM E BROWN, JR 11615 CARROLLWOOD DR TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWZE, THOMAS A 13001 N NEBRASKA AVE TAMPA, FL 33612	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP WILLIAM W WARD, JR 3324 W DORCHESTER TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, BRYANT 760 STURGIS WAY ALPHARETTA, GA 30022	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP Robert G. HURST 23266 Cypress Trail Dr Lutz, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, LAURENCE W JR 3003 VILLA ROSA TAMPA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP GREG A HELLMAN 8725 ELMWOOD DR TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBBINS, CHARLES M 2930 HAWTHORNE TAMPA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	UP RICHARD P GATES 32449 PASCO RD SAN ANTONIO, FL 78236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COTANDA, DIONEL 3320 WEST OSBORNE AVE TAMPA, FL 33614	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>W. E. Brown, Jr</u> W. E. BROWN, JR <u>2/25/05</u> <u>813-971-3030</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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