

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 275864 (7)

1. Corporation Name

ROBIN GOODFELLOW OF PENSACOLA, INC.



Principal Place of Business

1820 W GREGORY ST.
PENSACOLA FL 32501

Mailing Address

900 N. 18TH AVE.
PENSACOLA FL 32501

2. Principal Place of Business

21 900 N. 18th AVE

Suite, Apt. #, etc.

22 City & State

23 PENSACOLA, FL

Zip

24 32501

Country

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

11/19/1963

3a. Date of Last Report

03/15/1995

4. FEI Number

59-1033645

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RESMONDO, C ALLEN
1820 W GREGORY ST.
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

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

83 900 N. 18th AVE

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.402 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

[Signature]

Date of Registered Agent Signature (Print Date of Signing)

8/1/96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RESMONDO, C. ALLEN
STREET ADDRESS 1820 W. GREGORY ST.
CITY-ST-ZIP PENSACOLA FL

TITLE STD ☐ DELETE

NAME RESMONDO, MARGARETTE D
STREET ADDRESS 6580 CHICAGO AVE
CITY-ST-ZIP PENSACOLA FL

TITLE VD ☐ DELETE

NAME RESMONDO, DOUGLAS A
STREET ADDRESS 6580 CHICAGO AVE
CITY-ST-ZIP PENSACOLA 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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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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)(x), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/96 (904) 438-9518

CR2E034 (12/95)