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 # **331283** **(2)**

1. Corporation Name

ROBINSON PLUMBING & HEATING INC

Principal Place of Business	Mailing Address
19 ASTON CIRCLE ORMOND BEACH FL 32174 US	19 ASTON CIRCLE ORMOND BEACH FL 32174 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **06/14/1968**

3a. Date of Last Report: **04/13/1995**

4. FEI Number: **59-1214291** ☐ 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

ROBINSON JR., GEORGE T
19 ASTON CIRCLE
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: VIOLET W. ROBINSON
82 Street Address (P.O. Box Number is Not Acceptable): 19 ASTON CIRCLE
83
84 City: ORMOND BEACH FL 85 Zip Code: 32174

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: Violet W. Robinson 4-4-96
(Date)

12. OFFICERS AND DIRECTORS		
TITLE	D	☑ DELETE
NAME	ROBINSON JR,GEORGE T	
STREET ADDRESS	19 ASTON CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	☐ DELETE
NAME	ROBINSON III,GEORGE T	
STREET ADDRESS	31 ASTON CIRCLE	
CITY-ST-ZIP	ORMOND BCH. FL	
TITLE	STD	☐ DELETE
NAME	ROBINSON,VIOLET W	
STREET ADDRESS	19 ASTON CIRCLE	
CITY-ST-ZIP	ORMOND BEACH 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		
11 TITLE	DECEASED	☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	P/D	☑ Change ☐ Addition
22 NAME	ROBINSON III GEORGE T.	
23 STREET ADDRESS	31 ASTON CIRCLE	
24 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
31 TITLE	V/S/T/D	☑ Change ☐ Addition
32 NAME	ROBINSON, VIOLET W.	
33 STREET ADDRESS	19 ASTON CIRCLE	
34 CITY-ST-ZIP	ORMOND BEACH, FL 32174	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is valid, currently furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: Violet W. Robinson 4-4-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date)