

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **331283** (2)

1. Corporation Name
ROBINSON PLUMBING & HEATING INC

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

Mailing Address
**19 ASTON CIRCLE
ORMOND BEACH FL 32174-9008
US**



2. Principal Place of Business	2a. Mailing Address
21 31 ASTON CIRCLE	26 31 ASTON CIRCLE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 ORMOND BEACH, FL.	28 ORMOND BEACH, FL.
24 32174	29 32174
25 US	30 US

3. Date Incorporated or Qualified 06/14/1968	3a. Date of Last Report 04/09/1996
4. FEI Number 59-1214291	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**VIOLET W ROBINSON
19 ASTON CIRCLE
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name GEORGE T. ROBINSON III
82 Street Address (P.O. Box Number is Not Acceptable) 31 ASTON CIRCLE
83
84 City ORMOND BEACH
85 Zip Code FL 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 *George T. Robinson III*

(NOTE: Registered Agent signature required when reinstating)

DATE **4-5-97**

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME ROBINSON III, GEORGE T	
STREET ADDRESS 31 ASTON CIRCLE	
CITY - ST - ZIP ORMOND BCH. FL	
TITLE VSTD	<input checked="" type="checkbox"/> DELETE DECEASED
NAME ROBINSON, VIOLET W	
STREET ADDRESS 19 ASTON CIRCLE	
CITY - ST - ZIP ORMOND BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME ROBINSON III, GEORGE T.	
1.3 STREET ADDRESS 31 ASTON CIRCLE	
1.4 CITY - ST - ZIP ORMOND BEACH, FL.	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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: *George T. Robinson III*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4-5-97**

Date

Daytime Phone: #

CR2E034 (9/96)