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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 382190

(7)

ROBINSON ESTATES, INC.

FILED	
Apr 24 1998 8:00am	1
Secretary of State	

Principal Place of Business			Mailing Address			t tearing eriet some trant itene detti ante anter bibit bibit bibit bibit bibit fi	181	
9671 SW 190TH AVE RD. P. O. BOX 489			9671 SW 190TH AVE P. O. BOX 489	E., RD.				
DUNNELLON FL \$4430			DUNNELLON FL 32630		DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
US						3. Date Incorporated or Qualified		
1	kinning Disea of Duc	inon	An Mariena Augusta			05/17/1971		
2. Principal Place of Business			2a. Mailing Address			4. FEI Number Applied F		
Suite, Apt. #, etc.			Suite, Apt. #, etc			59-1397355 Not Appli		
22			27			5. Certificate of Status Desired Fee Required		
I City & State			City & State	· · · · · · · · · · · · · · · · · · ·		Election Campaign Financing \$5.00 May B.	8	
23			28			Trust Fund Contribution		
	lip	Country	Ζιρ	h	ntry	6. This corporation owes or has paid the current year Intangible	,	
24	g Nam	25 and Address of Curr	ent Registered Agent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
<u> </u>	SMITH, LOUI		on negletored Agent		81 Name		\dashv	
	9871 SW 19							
	P O BOX 48				82 Street	et Address (P.O. Box Number is Not Acceptable)		
ļ	DUNNELLON				83		\dashv	
	50,111,00011	1201100			24 01			
					B4 City	FL 85 Zip Code		
11,	Pursuant to the provi	sions of Sections 607.0	502 and 607 1508, Florida St	tatutes, the a	ove-named	ed corporation submits this statement for the purpose of changing its regist orporation's board of directors. I hereby accept the appointment as registe	tered	
	onice of registered a agent. I am f <mark>am</mark> iliar v	gent, or both, in the Sta vith, and accept the obl	te of Florida. Such change v igations of, Section 607. 050 5	vas autnorize 5. Florida Sta	d by the corp utes.	progration's board of directors. I hereby accept the appointment as registe	red	
ł	NATURE _							
	Signaturo, type	d or printed name of registered a			d Agent signature	re required when reinstating) DATE	i	
12.	DPS	OFFICERS A	ND DIRECTORS DELETE	13. 1.1 Tr		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	1 -	LOUISE ROBINSON		1.2 N		Change XL	3	
STREET ADDRESS 9671 SW 190 AVE RD, PO BO					REET ADDRESS			
CITY-ST-ZIP DUNNELLON, FL 00000					IY-SI-ZIP			
TITLE			☐ DELETE			DVP 7	dition	
NAME				2.2 N/	ME	Smith Charles T	.	
STREET ADDRESS			2.3 ST	REET ADDRESS	Bushallow FL 34430			
CITY-ST-ZIP					TY-ST-ZIP	DUNNEHON FL 34430		
TITLE			L DELETE			☐ Change ☐ Ad	idition	
HAME				3.2 N/				
	T ADDRESS				REET ADDRESS		f	
CITY-	51-ZIP		DELETE	3.4. C 4.1 Ti	TY-ST-ZIP	Change Ad	dition	
NAME				4.1 ft		Change Ad	KAUUII	
	T ADDRESS				REET ADDRESS			
CITY-	ST-ZIP				Y-ST-ZIP			
TITLE			☐ DELETE			Change Ad	dition	
NAME			5.2 NA	ME	,			
STREE	ADDRESS			5.3 ST	REET ADDRESS			
CITY-	ST-ZIP			5.4 CI	Y-ST-Z#P			
TITLE	;		DELETE	6.1 TIT		Change Ad	dition	
NAME				6.2 N/				
	ADORESS			1	reet address			
CITY-1		ne information addition	with this filing does not avail		Y-St-ZIP	ted in Section 119.07(3)(i). Florida Statutes, I further certify that the information	tion	

14. I hereby certify that the information solphicd 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 by question and that it is an 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 comparation of the receiver or Intestee improvement to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if manager, or on an attrachment with an address.

____/

11 1 -
