FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10: 41

DOCUMENT # **407163** **(5)**

1. Corporation Name

ROBBINS - KIRKLAND CONTRACTORS, INC

Principal Place of Business	Mailing Address
101 WASHINGTON AVE FT WALTON BCH FL 32549 US	PO BOX 1343 FT WALTON BCH FL 32549 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/21/1972
3a. Date of Last Report: 06/10/1994

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

4. FEI Number: 59-1495229 ☐ 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

ROBBINS, ANDREW C.
412 NORDIC LN
FT WALTON BCH FL 32548

10. Name and Address of New Registered Agent

81 Name

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

83 911 Cloverdale Court

84 City Ft. Walton Bch FL 85 Zip Code 32547

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: Andrew C. Robbins — 31 July 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, DENZIL C.	12 NAME	
STREET ADDRESS	2995 WYNN HAVEN BEACH	13 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL	14 CITY-ST-ZIP	
TITLE	PST	21 TITLE	☑ Change ☐ Addition
NAME	ROBBINS, ANDREW C.	22 NAME	
STREET ADDRESS	209 W. MIRACLE STRP PKWY	23 STREET ADDRESS	911 Cloverdale Ct.
CITY-ST-ZIP	MARY ESTHER FL	24 CITY-ST-ZIP	Ft. Walton Bch, FL 32547
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	ROBBINS, MERLE A.	32 NAME	
STREET ADDRESS	2995 WYNN HAVEN BEACH	33 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Andrew C. Robbins — 31 July 95 — 901-862-7715
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0301069 CP