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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F89990 (8)

1. Corporation Name
ROBBINS INSURANCE, INC.

Principal Place of Business
777 SOUTH HARBOUR ISLAND BLVD.
ONE HARBOUR PLACE, SUITE 765
TAMPA FL 33602
US

Mailing Address
P.O. BOX 3375
TAMPA FL 33601-3375



3. Date Incorporated or Qualified 07/09/1982 3a. Date of Last Report 04/15/1996

2. Principal Place of Business 2a. Mailing Address

21 777 South Harbour Island Blvd. 26 Suite, Apt. #, etc.

22 One Harbour Place Suite 765 27 City & State

23 Tampa, FL 28 Zip

24 33602 25 US 29 30 Country

4. FEI Number 59-2203655 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

10. Name and Address of New Registered Agent

HORTON, EARL E. JR.
601 BAYSHORE BOULEVARD
STE 980
TAMPA FL 33606
One Harbour Place
777 S. Harbour Island
Blvd.
Ste. 765
Tampa FL 33602

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 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 ROBBINS II, JEROME G. DELETE
NAME 3410 VIRGINIA CT.
STREET ADDRESS TAMPA FL
CITY - ST - ZIP
TITLE D HALL JR., LAURENCE W. DELETE
NAME 3003 VILLA ROSA
STREET ADDRESS TAMPA FL
CITY - ST - ZIP
TITLE S ROBBINS JR., R. JAMES DELETE
NAME 2805 EDGEWOOD RD.
STREET ADDRESS TAMPA FL
CITY - ST - ZIP
TITLE CV ROBBINS, CHARLES M. DELETE
NAME 2930 HAWTHORNE RD.
STREET ADDRESS TAMPA FL
CITY - ST - ZIP
TITLE P HORTON, EARL E, JR DELETE
NAME 30 SPANISH MAIN
STREET ADDRESS TAMPA FL
CITY - ST - ZIP
TITLE T ANASTASI, CHERYL A. DELETE
NAME 237 LAKESIDE DR
STREET ADDRESS LUTZ FL
CITY - ST - ZIP

1.1 TITLE V
1.2 NAME William A. Massaro, Jr.
1.3 STREET ADDRESS 415 Bon Aire Avenue
1.4 CITY - ST - ZIP Temple Terrace, FL 33617
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

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: Cheryl A. Anastasi, Cheryl A. Anastasi 4-2-97 813-225-1099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)