

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000006328 (8)**

1. Corporation Name

ROBSON ENTERPRISES, INC.



Principal Place of Business

**6714 29TH ST. SOUTH
ST. PETERSBURG FL 33712**

Mailing Address

**6714 29TH ST. SOUTH
ST. PETERSBURG FL 33712**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ROBSON, GEORGE
6714 29TH STREET SOUTH
ST. PETERSBURG FL 33712**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
12/13/1994

3a. Date of Last Report
04/10/1995

4. FIC Number
36-3312463

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

10. Name and Address of New Registered Agent

SIGNATURE

Signature typed, printed, or otherwise legible in the space provided

Name, Registered Agent, or Director, typed, printed, or otherwise legible in the space provided

11. Pursuant to the provisions of Sections 607.0102 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.

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE
NAME **ROBSON, GEORGE**
STREET ADDRESS **6714 29TH STREET SOUTH**
CITY-STATE-ZIP **ST. PETERSBURG FL 33712**

TITLE **D** ☐ DELETE
NAME **BLACK, ELIZABETH**
STREET ADDRESS **6714 29TH STREET SOUTH**
CITY-STATE-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-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(2)(b), 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 ROBSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96

(800) 866-1412

CR2E034 (12/95)