

FILE NO: 111 311-1

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006571

1. Corporation Name

ROBINWOOD MANAGEMENT, INC.

Principal Place of Business

**PO BOX 241402
JACKSONVILLE FL 33310
US**

Mailing Address

**PO BOX 241402
MONTGOMERY AL 36124**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

26 27 28 29 30

2a. Mailing Address

Suite/Apt. #, etc.

City & State

Zip Country

26 27 28 29 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.052 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**PD
BLANCHARD, JOHN D
9842 WYNCREST CIRCLE
MONTGOMERY AL 36124**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**SD
MILLER, SAMUEL L
2000 NORMANDIE DR.
MONTGOMERY AL 36124**

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13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

SIGNATURE

John D. Blanchard
JOHN D. BLANCHARD
REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

**Feb 18, 1999 8:00am
Secretary of State**

02-18-1999 90071 030 *****150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1996

4. FEI Number

63-1185187

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

14. I 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, with all other like empowered.

CR2E034 (11/98)

334 215-1411
Daytime Phone #