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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G14999** (8)

1. Corporation Name

ROBISON, OWEN & COOK, PROFESSIONAL ASSOCIATION



Principal Place of Business

**5250 S. HIGHWAY 17-92
BOX 180895
CASSELBERRY FL 32718-0895
US**

Mailing Address

**5250 S. HIGHWAY 17-92
BOX 180895
CASSELBERRY FL 32718-0895
US**

3. Date Incorporated or Qualified

12/23/1982

3a. Date of Last Report

01/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBISON, RICHARD L.
5250 S. HIGHWAY 17-92
CASSELBERRY FL 32707**

81 Name

RICHARD B. OWEN

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

5250 S. U.S. HIGHWAY 17-92

83

84 City

CASSELBERRY

FL

85 Zip Code

32707

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

Richard B. Owen

RICHARD B. OWEN VP/S/D

04/05/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE

NAME **ROBISON, RICHARD L.**
STREET ADDRESS **930 LONGHAVEN DR**
CITY-ST-ZIP **MAITLAND, FL 00000**

TITLE **VSD** ☐ DELETE

NAME **OWEN, RICHARD B**
STREET ADDRESS **904 SPRING VALLEY RD.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 17**

TITLE **VTD** ☐ DELETE

NAME **COOK, ALBERT R**
STREET ADDRESS **8554 AMBER OAK DRIVE**
CITY-ST-ZIP **ORLANDO, FL 00000**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

PTD

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(k), 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:

Richard B. Owen

RICHARD B. OWEN

04/05/96 (407) 830-4009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number

CR2E034 (12/95)