

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90055 003 ***150.00

DOCUMENT # H42317

1. Entity Name

G. W. ROBINSON CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

6208 NW 43RD ST
GAINESVILLE FL 326536208 NW 43RD ST
GAINESVILLE FL 32653-8860

00015848

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2464950

Not

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, G. W.
7616 NW 38TH PLACE
GAINESVILLE FL 32606-3610

Name

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

6208 NW 43rd ST

City

Gainesville

FL

Zip Code

32605

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE ☐ Delete
NAME P
STREET ADDRESS ROBINSON, G. W.
CITY-ST-ZIP 3915 NW 75TH STREET
GAINESVILLE FLTITLE ☐ Delete
NAME ST
STREET ADDRESS ROBINSON, KATE M.
CITY-ST-ZIP 3915 NW 75TH STREET
GAINESVILLE FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or 12, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00

(352) 373-1722