

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Jan 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H77315 (0)**

1. Corporation Name  
**ROBERT HINEBAUGH, INC.**



Principal Place of Business <b>% ROBERT L. HINEBAUGH 3102 ENTERPRISE RD FT PIERCE FL 34982 US</b>	Mailing Address <b>% ROBERT L. HINEBAUGH 3102 ENTERPRISE RD FT PIERCE FL 34982 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified <b>09/23/1985</b>	
4. FEI Number <b>59-2579180</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KELLY, MARVIN  
11600 TWIN CREEKS DR  
FT PIERCE FL 34982**

10. Name and Address of New Registered Agent

B1 Name <b>KELLY, MARVIN</b>		
B2 Street Address (P.O. Box Number is Not Acceptable) <b>3102 ENTERPRISE RD.</b>		
B3		
B4 City <b>Fort Pierce</b>	FL 85	Zip Code <b>34982</b>

11. Pursuant to the provisions of Sections 607.0512 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 607.1505, Florida Statutes.

SIGNATURE *Marvin Kelly* **1-5-98**  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>KELLY, MARVIN</b>	
STREET ADDRESS	<b>11600 TWIN CREEKS DR</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>REVELS, PAUL</b>	
STREET ADDRESS	<b>3102 ENTERPRISE RD</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	<b>KELLY, KYLE</b>	
STREET ADDRESS	<b>11600 TWIN CREEKS DR</b>	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE *Marvin Kelly* **1-5-98** **Stat-119-7323**

CR2E034 (10/97)