FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J48705 (4)

1. Corporation Name
ROBLENE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
C/O KIMBALL K. ROSS 406 OAK PLACE PORT ORANGE FL 32127	C/O KIMBALL K. ROSS 406 OAK PLACE PORT ORANGE FL 32127

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/24/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 770 W. GRANADA BLVD
Suite, Apt. #, etc.
22 SUITE 309
City & State
23 ORMOND BEACH, FL
Zip
24 32174
County
25 VOLUSIA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: 59-2776509 ☐ 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 C. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SHINER, MARILYN A
406 OAK PLACE
PORT ORANGE FL 32127

10. Name and Address of New Registered Agent

81 Name: JACK HAND
82 Street Address (P.O. Box Number is Not Acceptable): 200 W. FORSYTH ST.
83 SUITE 1020
84 City: JACKSONVILLE FL 85 Zip Code: 32202

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: [signature] JACK G. HAND, JR. (NOTE: Registered Agent signature required when reinstating) DATE: April 20, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERSON, HELENE B.	1.2 NAME		
STREET ADDRESS	406 OAK PLACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL	1.4 CITY-ST-ZIP		
TITLE	VPT	2.1 TITLE	VPRES.; TREAS.	☒ Change ☐ Addition
NAME	KAWANISHI, RICHARD M.	2.2 NAME	STEVEN H. HIPPE	
STREET ADDRESS	8135 FORSYTH BLVD.	2.3 STREET ADDRESS	8135 FORSYTH BLVD	
CITY-ST-ZIP	ST. LOUIS MO	2.4 CITY-ST-ZIP	ST. LOUIS MO.	
TITLE	VP	3.1 TITLE	VPRES.; SEC.	☒ Change ☐ Addition
NAME	ROSS, KIMBALL K.	3.2 NAME	KIMBALL K ROSS	
STREET ADDRESS	113 SAWTOOTH LN	3.3 STREET ADDRESS	1 OCEANS WEST BLVD #823	
CITY-ST-ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118	
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	SHINER, MARILYN	4.2 NAME		
STREET ADDRESS	406 OAK PLACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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: Kimball K Ross, V. Pres. 4-17-95 904-676-2211
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
KIMBALL K ROSS

0009700 CP