

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J48705 (4)

1. Corporation Name

ROBLENE ENTERPRISES, INC.



Principal Place of Business

Mailing Address

770 W GRANADA BLVD
SUITE 309
ORMOND BEACH FL 32174
US

O/O KIMBALL K. ROSS
406 OAK PLACE
PORT ORANGE FL 32127

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 SAME AS PRINCIPAL PLACE OF BUSINESS

22 City & State 27 City & State

23 Zip 24 Country 25 28 Zip 29 Country 30

3. Date Incorporated or Qualified
12/24/1986

3a. Date of Last Report
04/26/1995

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 s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACK HAND
200 W FORSYTH ST
SUITE 1020
JACKSONVILLE FL 32202

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 607.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ROBERSON, HELENE B.
STREET ADDRESS 406 OAK PLACE
CITY-ST-ZIP PORT ORANGE FL

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME ROBERSON, HELENE B.
1.3 STREET ADDRESS 770 W GRANADA BLVD # 309
1.4 CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE VPT ☐ DELETE
NAME HIPPE, STEVEN H
STREET ADDRESS 8135 FORSYTH BLVD
CITY-ST-ZIP ST LOUIS MO

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPS ☐ DELETE
NAME ROSS, KIMBALL K.
STREET ADDRESS 1 OCEANS WEST BLVD 8B3
CITY-ST-ZIP DAYTONA BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Kimball K. Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

Date

904-676-2211

Daytime Phone #

CR2E034 (12/95)

4/30/96