

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 # J87001 (0)

1. Corporation Name

ROBERTSON DISPLAY, INC.



Principal Place of Business

8826 US HWY 19
PORT RICHEY FL 34668-5242
US

Mailing Address

8826 US HWY 19
PORT RICHEY F 34668-5242
US

3. Date Incorporated or Qualified
08/13/1987

3a. Date of Last Report
05/01/1995

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

25

29

30

4. FEI Number
59-2833026

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

ROBERTSON, LEX T. SR
1701 MARINER WAY
TARPON SPRINGS FL 34689

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 the date signed

11. Registered Agent Signature, typed or printed name and date signed

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ROBERTSON, LEX T. SR
STREET ADDRESS 1701 MARINER WAY
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ DELETE

NAME ROBERTSON, LEX T. JR
STREET ADDRESS 2432 HAWK AVE
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME ROBERTSON, JOYCE A.
STREET ADDRESS 1701 MARINER WAY
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMAN: ☒ Change ☐ Addition

1.2 NAME ROBERTSON, LEX T SR

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE PRESIDENT ☒ Change ☐ Addition

2.2 NAME LEX T ROBERTSON, JR.

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ 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

100001788621
-04/22/96--01035--032

***200.00

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:

Lex T Robertson Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96

DATE

Signature Phone #

CR2E034 (12/95)

74-21-96