

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

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Jan 31 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **K56688** (0)

1. Corporation Name  
**W & R ROBINSON, INC.**



Principal Place of Business  
**3907-0E-21ST PL  
CAPE CORAL FL 33904  
4514 PALM PALM BLVD  
FT. MYERS FL 33905**

Mailing Address  
**3907-0E-21ST PL  
CAPE CORAL FL 33904-5081  
2308 CHERNOLOSER PL  
GAULTIER, MS 39553-7100**

3. Date Incorporated or Qualified **01/04/1989** 3a. Date of Last Report **02/14/1996**  
4. FEI Number **69-0095359** 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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

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

9. Name and Address of Current Registered Agent  
**ROBINSON, W.J.  
2121 COLLIER AVE  
APT 201  
FT MYERS FL 33901**

10. Name and Address of New Registered Agent  
81 Name **ROBERT CAMDEN**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4485 TICE ST**  
83  
84 City **FT. MYERS** FL 85 Zip Code **33905**

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 607.005, Florida Statutes.  
SIGNATURE **W.J. Robinson** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
**ROBERT CAMDEN** 1-18-97 DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PVD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBINSON, W.J.</b>	
STREET ADDRESS	<b>3907 SE 21ST PL</b>	<b>ADDRESS CHANGE</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBINSON, ROBERT M.</b>	
STREET ADDRESS	<b>28 CARMEL RD</b>	
CITY-ST-ZIP	<b>WHEELING WV</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>PVD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>W.J. ROBINSON</b>	
1.3 STREET ADDRESS	<b>2308 CHERNOLOSER PLAGE</b>	
1.4 CITY-ST-ZIP	<b>GAULTIER MS 39553-7100</b>	
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 do 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: **W.J. Robinson** 1-18-97 601-497-5791  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)