

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17630

1. Corporation Name

Robison Wilson Construction Inc

Principal Place of Business
**1044 Castello Drive
Suite 105
Naples Florida 34103**

Mailing Address
**1044 Castello Drive
Suite 105
Naples Florida 34103**

Handwritten initials

RECEIVED
MAY 15 1999
CORPORATION

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
9/22/1989

4. File Number
65 0146297

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 owes the current year Intangible
Personal Property Tax Yes No

10. Name and Address of New Registered Agent

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

9. Name and Address of Current Registered Agent

**Stephen V Robison
1044 Castello Drive
Suite 105
Naples, Florida 34103**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	Zip Code
85	State (FL)

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's signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P, D <input type="checkbox"/> DELETE
NAME	Stephen V Robison
STREET ADDRESS	1044 Castello Drive, Suite 105
CITY-ST-ZIP	Naples Florida 34103
TITLE	VD <input type="checkbox"/> DELETE
NAME	John E Wilson
STREET ADDRESS	1044 Castello Drive, Suite 105
CITY-ST-ZIP	Naples Florida 34103
TITLE	STD <input type="checkbox"/> DELETE
NAME	Lola Robison
STREET ADDRESS	1044 Castello Drive Suite 105
CITY-ST-ZIP	Naples, Florida 34103
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	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

600002778346--7
-02/17/99--01068--014
****150.00 ****150.00

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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 (941) 435-0330

CR2E034 (11/98)