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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Jan 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L23716

(8)

ROBERT J. COLLINS, JR., INC.					
Principal Place of Business 33 WILSON CROSSING ROAD AUBURN NH 09032 US		Mailing Address 33 WILSON CROSSING ROAD AUBURN NH 03032-1513 US			
		••		3. Date Incorporated or Qualified 10/17/1989	3a. Date of Last Report 04/17/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		58-1862584	Not Applicable
Suite, Apt #, ctc		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		C. Commond of States Cosmed	Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Country	Trust Fund Contribution	Added to Fees
Ζιρ 24	25	Zip 29	30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🔣 No
24	9. Name and Address of Curren	h		10. Name and Address of New Reg	
PAS	S, DON		81 Name	, , , , , , , , , , , , , , , , , , , ,	
7166 SE OSPREY STREET HOBE SOUND FL 33455			82 Street Addi		
			84 City		FL 85 Zip Code
office or n agent. Lar SIGNATURE	egistered agent, or both, in the State in familiar wich, and accept the obliga signatur, bried a period rance of makes comp	of Florida, Such change was trons of Section 607.0505,	is authorized by the corporal Florida Statutes. IGTE Registered Agent signature requi	coration submits this statement for the p ition's board of directors. I hereby accept ted when reinstating) ADDITIONS/CHANGES TO OFFICE	ot the appointment as registered
12.	PD OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAMÉ	COLLINS, ROBERT J. JR		1.2 NAME		
STREET ADDRESS	33 WILSON CROSSING ROAD		1.3 STREFT ADDRESS		
CITY - ST - ZIF	AUBURN NH		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
C:Fr - S* - ZIP			2. 4 CITY - ST - ZIP		
TITLE		L DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
C TY - ST - ZIP		DELETE	3.4 CITY-ST-ZIP		Change
TITLE		FT AFFE IF	4.1 TITLE		Change Addition
NAME COULT ASSESSED			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	5 1 TIFLE	1994, 10	Change Addition
NAME			5 2 NAME		and an english and a supplication
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SI-70			5.4 CITY - ST - ZIP		
TITLE		DELETE	6 I TITLE		Change Addition
NAME			6.2 NAME		
STREET ACORESS	\mathcal{F}_{i}		6.3 STREET ADDRESS		
CITY - ST - 712	.e.		6.4 CITY - ST - ZIP		
informatio Lam an ol	n indicated on this annual report or s	upplementat ännual report The receiver or trustee emp	is true and accurate and that powered to execute this repo	d in Section 119.07(3)(i), Florida Statute: t my signature shall have the same lega rt as required by Chapter 607, Florida S	I effect as if made under oath; that