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

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 AUG -8 AM 10: 14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L27938 (4)

1. Corporation Name
ROBBINS ENGINEERING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 13025 NORTH NEBRASKA AVENUE<br>P.O. BOX 280055<br>TAMPA FL 33682 | 13025 NORTH NEBRASKA AVENUE<br>P.O. BOX 280055<br>TAMPA FL 33682 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/07/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 10500 University Center Dr
Suite, Apt. #, etc.
22 Suite 140
City & State
23 Tampa, FL
Zip 24 33612 Country 25 Hillsborough

2a. Mailing Address
26 P.O. Box 280055
Suite, Apt. #, etc.
27
City & State
28 Tampa, FL
Zip 29 33682 Country 30 Hillsborough

4. FEI Number: 59-2981058 ☐ 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

ROBBINS, R. JAMES JR.
101 EAST KENNEDY BLVD. SUITE 3700
TAMPA FL 33602

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DC | 11 TITLE | ☐ Change ☐ Addition |
| NAME | HALL, LAURENCE W. JR. | 12 NAME | |
| STREET ADDRESS | 13001 N. NEBRASKA AVENUE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 14 CITY-ST-ZIP | |
| TITLE | DP | 21 TITLE | ☐ Change ☐ Addition |
| NAME | COTANDA, DIONEL | 22 NAME | |
| STREET ADDRESS | 13025 N. NEBRASKA AVE. | 23 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 24 CITY-ST-ZIP | |
| TITLE | DV | 31 TITLE | ☐ Change ☐ Addition |
| NAME | GONZALEZ-HEYDRICH, JOSEP | 32 NAME | |
| STREET ADDRESS | 13025 N. NEBRASKA AVE. | 33 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 34 CITY-ST-ZIP | |
| TITLE | DST | 41 TITLE | ☐ Change ☐ Addition |
| NAME | ALBANI, THOMAS A. | 42 NAME | |
| STREET ADDRESS | 13025 N. NEBRASKA AVE. | 43 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | ROBBINS, R JAMES, JR. | 52 NAME | |
| STREET ADDRESS | 101 E. KENNEDY BLVD | 53 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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)(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 added by attachment with an address.

**SIGNATURE:** _____ 8-4-95 813-972-1135
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas A. Albani

0444551