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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L27938**

(4)

1. Corporation Name:

ROBBINS ENGINEERING, INC.



Principal Place of Business

**10600 UNIVERSITY CENTER DR
#140
TAMPA FL 33615
US**

Mailing Address

**P O BOX 280055
P.O. BOX 280055
TAMPA FL 33682
US**

3. Date Incorporated or Qualified

11/07/1989

3a. Date of Last Report

08/08/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 officer, director, or shareholder, as applicable.

Date: Registered Agent's signature is provided when necessary.

Date:

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DC**
STREET ADDRESS **HALL, LAURENCE W. JR.**
CITY - ST - ZIP **13001 N. NEBRASKA AVENUE**
TAMPA FL

TITLE ☐ DELETE

NAME **DP**
STREET ADDRESS **COTANDA, DIONEL**
CITY - ST - ZIP **13025 N. NEBRASKA AVE.**
TAMPA FL

TITLE ☐ DELETE

NAME **DV**
STREET ADDRESS **GONZALEZ-HEYDRICH, JOSEP**
CITY - ST - ZIP **13025 N. NEBRASKA AVE.**
TAMPA FL

TITLE ☐ DELETE

NAME **DST**
STREET ADDRESS **ALBANI, THOMAS A.**
CITY - ST - ZIP **13025 N. NEBRASKA AVE.**
TAMPA FL

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **ROBBINS, R JAMES, JR.**
CITY - ST - ZIP **101 E. KENNEDY BLVD**
TAMPA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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 addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-96

CR2E034 (12/95)