## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999

**DOCUMENT #** 

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jul 08, 1999 8:00 am Secretary of State

07-08-1999 90011 027 \*\*\*550.00

## DONALD M. ROBINSON, P.A.

| Principal Place  | of Business  | Mailing Address   |   |   |  |               |                |                       |   |
|--|--|---|---|---|--|---------------|----------------|-----------------------|---|
| 411 E. MONROE  | * · · · · ·  | 411 E. MONROE STR   | _   |   |  |               |                |                       |   |
| JACKSONVILLE FL 32202 JACKSONVILLE FL 32202<br>US US   |  |   |   | -   | DO.NOT_WRI   | TE IN THIS    | SPACE          | رججير                 |   |
|  |  |   |   |   | 3. Date Incorporated or Qualified                            |               |                |                       |   |
|  |  |   |   |   | 11/30/1989   |               |                |                       |   |
| 2. Principal Place of Business   |  | 2a. Mailing Address   |   |   | 1  |               |                | ed For                |   |
| <u> </u>   |  | 26  |   |   | 59-2981270   | **            |                | Not A                 | pplicable   |
| Suite, Apt. #,   | , etc.   | Suite, Apt. #, etc  | ).  |   | 5. Certificate of Status Desired                             |               | •              | 7 <b>5</b> Add        |   |
| <u></u>  |  | 27  |   |   |  | _             |                | e Requ                |   |
| City & State   |  | City & State  |   |   | 6. Election Campaign Financing                               |               |                | 00 м                  |   |
| 23   |  | 28  |   |   | Trust Fund Contribution                                      |               | Add            | ded to f              | -ees  |
| Zip  | Country  | Zip   | Coun  | itry  | 8. This corporation owes the curr                            | ent year      | 1 ٧٠٠          | ₩.                    | lo  |
| 4  | 25]  | [29]  | 30  | <del></del>   | Intangible Personal Property.  10. Name and Address of New F | Penistered A  | cont           |                       |   |
|  | 9. Name and Address of Cu  | urrent Registered Agent   |   | 81 Name   | To. Name and Address of New F                                | vegistered A  | Agent          |                       |   |
| ROBIN  | NSON, DONALD M.  |   |   | - Italie  |  |               |                |                       |   |
|  | MONROE STREET  |   | ſ   | 82 Street Add   | Street Address (P.O. Box Number is Not Acceptable)           |               |                |                       |   |
|  | SONVILLE FL 32202  |   | -   | 83  |  | _             |                |                       |   |
|  |  |   | ) i   |   |  |               |                |                       |   |
|  |  |   | Γ   | 84 City   |  | C۱            | 85             | Zip Co                | de  |
|  |  |   |   | ·   | oration submits this statement for the pr                    | T L           | noing i        | te rogie              | torod   |
| office or re   | o the provisions of sections 507<br>egistered agent, or both, in the s<br>in familiar with, and accept the s | State of Florida. Such change :                                 | was authorized  | by the corporat   | tion's board of directors. I hereby accep                    | pt the appoin | tment a        | s regis               | tered   |
| ayeni. i an  |  |   |   | NOS.  |  |               |                |                       |   |
| SIGNATURE  |  |   |   |   |  | _             |                |                       |   |
| SIGNATURE  | Signature, typed or printed name of registere  | ed agent and title if applicable.                               | (NOTE: Registere  |   | quired when reinstating)                                     | DATE          | DIDE.          | CTOD                  |   |
| SIGNATURE  | Signature, typed or printed name of registere  | od agent and title if applicable.  S AND DIRECTORS              | (NOTE: Registere  | ed Agent signature rec  | quired when reinstating) ADDITIONS/CHANGES TO OF             |               |                |                       | ¬ ····  |
| SIGNATURE  | Signature, typed or printed name of registers OFFICER:   | ed agent and title if applicable.                               | (NOTE: Registere  13.  1.1 TITL   | ed Agent signature rec  |  |               | D DIRE         |                       | S IN 12 Addition                                      |
| SIGNATURE SI  12.  TITLE NAME  | ignature, typed or printed name of registers OFFICER: D ROBINSON, DONALD M.                                  | od agent and title if applicable.  S AND DIRECTORS              | (NOTE: Registere  13. 1.1 TITL 1.2 NAA  | ed Agent signature rec  |  |               |                |                       |   |
| SIGNATURE SITURE  12.  TITLE STREET ADDRESS  | OFFICER: D ROBINSON, DONALD M. 2045 DERRINGER RD.  | od agent and title if applicable.  S AND DIRECTORS              | (NOTE: Registere  13.  1.1 TITL  1.2 NAA  1.3 STR   | ed Agent signature rec  |  |               |                |                       | ¬ ····  |
| SIGNATURE SIGNATURE SITURE STREET ADDRESS CITY-ST-ZIP  | ignature, typed or printed name of registers OFFICER: D ROBINSON, DONALD M.                                  | od agent and title if appicable. S AND DIRECTORS DELET          | (NOTE: Registers 13. TE 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT  | ed Agent signature rec  |  |               | Char           | nge [                 | Addition  |
| SIGNATURE SIGNATURE SIGNATURE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS SIGNATURE SIGN | OFFICER: D ROBINSON, DONALD M. 2045 DERRINGER RD.  | od agent and title if applicable.  S AND DIRECTORS              | (NOTE: Registers 13. TE 1.1 TITL 1.2 NAN 1.3 STR 1.4 CIT TE 2.1 TITL  | ed Agent signature rec  |  |               |                | nge [                 | ¬ ····  |
| SIGNATURE SIGNATURE SIGNATURE CITY-ST-ZIP SIGNATURE  | OFFICER: D ROBINSON, DONALD M. 2045 DERRINGER RD.  | od agent and title if appicable. S AND DIRECTORS DELET          | (NOTE: Registers  13. TE 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT TE 2.1 TITL 2.2 NAA   | ed Agent signature rec  |  |               | Char           | nge [                 | Addition  |
| SIGNATURE SIGNATURE SIGNATURE STREET ADDRESS SIGNATURE SITUE NAME  | OFFICER: D ROBINSON, DONALD M. 2045 DERRINGER RD.  | od agent and title if appicable. S AND DIRECTORS DELET          | (NOTE: Registers  13. 11.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 12.1 TITL 2.2 NAA 2.3 STR   | ed Agent signature rec  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  ME  REET ADDRESS  |  |               | Char           | nge [                 | Addition  |
| SIGNATURE SIGNATURE SITREET ADDRESS SITY-ST-ZIP SITREET ADDRESS SITY-ST-ZIP  | OFFICER: D ROBINSON, DONALD M. 2045 DERRINGER RD.  | od agent and title if appikable.  S AND DIRECTORS  DELET        | (NOTE: Registers  13. 11.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 12.1 TITL 2.2 NAA 2.3 STR 2.4 CIT   | ed Agent signature rec  |  |               | Char           | nge                   | Addition  |
| SIGNATURE SIGNATURE SITE ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE   | OFFICER: D ROBINSON, DONALD M. 2045 DERRINGER RD.  | od agent and title if appicable. S AND DIRECTORS DELET          | (NOTE: Registers  13. 11.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 12.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 15. 16. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18  | ed Agent signature rec  |  |               | Char           | nge                   | Addition  |
| SIGNATURE SIGNATURE SITURE STREET ADDRESS STREET AD | OFFICER: D ROBINSON, DONALD M. 2045 DERRINGER RD.  | od agent and title if appikable.  S AND DIRECTORS  DELET        | (NOTE: Registers  13. TE 1.1 TITU 1.2 NAA 1.3 STR 1.4 CIT TE 2.1 TITU 2.2 NAA 2.3 STR 2.4 CIT TE 3.1 TITU 3.2 NAA   | ed Agent signature rec  |  |               | Char           | nge                   | Addition  |
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| SIGNATURE SITURE  SIGNATURE  SITURE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  | OFFICER: D ROBINSON, DONALD M. 2045 DERRINGER RD.  | od agent and title if appikable.  S AND DIRECTORS  DELET  DELET | (NOTE: Registers  13. TE 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT TE 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT TE 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT TE 4.1 TITL 4.2 NAM   | ME LE ADDRESS Y-ST-ZIP LE ME LEET ADDRESS Y-ST-ZIP LE LE LEET ADDRESS Y-ST-ZIP LE LE LEET ADDRESS Y-ST-ZIP LE LE LEET ADDRESS   |  |               | Char           | nge                   | Addition Addition                                     |
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