SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 1. Corporation Name



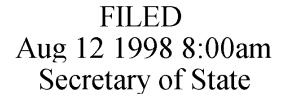
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

(7)

ROBINSON & ROBINSON CORPORATION





Principal Place of Business % THOMAS LEE ROBINSON 4000 ST. JOHNS AVE. SUITE 35 JACKSONVILLE FL \$2205		Mailing Address % THOMAS LEE ROBINSON 4000 ST. JOHNS AVE. SUITE 35 JACKSONVILLE FL 32205				
					DO NOT WRITE IN THIS SPACE	
PAOROOITIEE	TL 92200	WOODOWYILLE FE SZZK			3. Date Incorporated or Qualified 12/28/1989	LIN THIS OF MOL
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	JI - A-	26			59-2981424	Not Applica
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
City & Stat	9	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has pa	aid the current year Intangible
24	25	29	30		Personal Property Tax due June	
	9. Name and Address of Curren	t Registered Agent		1 Name	10. Name and Address of New Re	egistered Agent
ROBINSON, THOMAS LEE			(*	Name		
	ST. JOHNS AVENUE		8	2 Street Add	fress (P.O. Box Number is Not Acceptab	ole)
SUITE 35			8	13		
JACI	KSONVILLE, FL 32205		Ľ	Ŭ		
			8	4 City	· · · · · · · · · · · · · · · · · · ·	65 Zip Code
office or i	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was stions of, section 607,0505. F	authorized b	by the corporat	tion's board of directors. I hereby accept	the appointment as registered
egent. I a					guired when reinstating)	DATE
egent. I s	Signature, typed or printed name of registered agen OFFICERS AN	I and title if applicable. (quired when reinstating) ADDITIONS/CHANGES TO OFF	
egent. I a	Signature, typed or printed name of registered agen	I and title if applicable. (NOTE Registered	f Agent signature rec		
egent. I s SIGNATURE . 12.	Signature, typod or printed name of registered agen OFFICERS AN D ROBINSON, THOMAS LEE	I and tille if applicable. (D DIRECTORS	NOTE Registered	d Agent signature red		ICERS AND DIRECTORS IN 12
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