

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Matham
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # **N26111** (7)

MAY - 1 1995

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ROBINSON PCD MAINTENANCE ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Office of Corporation		2a. Mailing Address	
1990 INDUSTRIAL DRIVE PO DRAWER 85 DELAND FL 32724		1990 INDUSTRIAL DRIVE PO DRAWER 85 DELAND FL 32724	
2. Principal Office of Department	2a. Mailing Address	26. State App # (1st)	27. State App # (2nd)
21	26	22	27
23. City & State	28. City & State	29. Zip	30. Company
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
04/26/1988	05/01/1994
4. FEI Number	Applies Fee Not Applicable
59-2889115	
5. Certificate of Status (Demand)	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199(1)(2), Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GLANCE, GEORGE 1990 INDUSTRIAL DRIVE DELAND FL 32724		81. Name	
		82. Street Address (P.O. Box Number, Not Acceptable)	
		83. City	
		84. State	
		85. Zip Code	

11. I, the undersigned, president of the corporation, certify that the above named corporation submits this statement for the purpose of changing its registered office to the registered office set forth 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 the provisions and rules of Florida Statutes.

SIGNATURE: _____

12. OFFICER REGISTERED OFFICERS		13. OFFICER REGISTERED OFFICERS	
OFFICER	PD ROBINSON, DAVID 1990 INDUSTRIAL DR. DELAND FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, DAVID	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1990 INDUSTRIAL DR.	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY	DELAND FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	VD GLANCE, GEORGE 1990 INDUSTRIAL DRIVE DELAND FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANCE, GEORGE	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1990 INDUSTRIAL DRIVE	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY	DELAND FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	STD PATERNO, THOMAS 1990 INDUSTRIAL DR. DELAND FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATERNO, THOMAS	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1990 INDUSTRIAL DR.	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY	DELAND FL	OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that this information complies with the filing requirements, furnished and printed in this report, for the corporation. I further certify that the information is true and correct and that no duplicate copies of this report are being filed with any other office of the State of Florida. I am familiar with and accept the obligations of the provisions and rules of Florida Statutes, and that my name appears on the list of the officers and directors of the corporation as required by Chapter 13, Florida Statutes, and that my name appears on the list of the officers and directors of the corporation with an address.

SIGNATURE: *David Robinson* 4/28/95 904-733-1808