

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 32399-0400

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 1990 INDUSTRIAL DRIVE PO DRAWER 85 DELAND FL 32724 | | 2a. Mailing Address 1990 INDUSTRIAL DRIVE PO DRAWER 85 DELAND FL 32724 | | 3. Date Incorporated or Qualified 04/26/1988 | 3a. Date of Last Report 05/01/1994 |
| 2. Principal Office of Department 21 | | 2a. Mailing Address 26 | | 4. FEI Number 59-2889115 | Applies Fee Not Applicable |
| 22. State App # 1995 | | 27. State App # 1995 | | 5. Certificate of Status (Demand) <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing To report Federal Contributions <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24. Zip | | 29. Zip | | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 25. Company | | 30. Company | | 8. This corporation has liability for intangible tax under S. 199 (C.S.F. Florida Statutes) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | |
|--|--|--|-----------|
| 9. Name and Address of Current Registered Agent GLANCE, GEORGE 1990 INDUSTRIAL DRIVE DELAND FL 32724 | | 10. Name and Address of New Registered Agent | |
| | | 81. Name | |
| | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83. City | |
| | | 84. State | FL |
| | | 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 in 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 responsibilities of the registered office 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 on this form, for the incorporation, stated in law under Chapter 199, Florida Statutes. I further certify that the Corporation has filed its annual report or supplemental annual report, if any, and is in good standing and that my appointment shall have the same legal effect as if made under Chapter 199, Florida Statutes. I, the undersigned, of the corporation, of the information provided to create this report are required by Chapter 199, Florida Statutes, and that my name appears on the back of this report and is the same as the name on the front with an address.

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