

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N26111 (7)
1. Corporation Name
ROBINSON PCD MAINTENANCE ASSOCIATION, INC.



Principal Place of Business: **1980 INDUSTRIAL DRIVE PO DRAWER 85 DELAND FL 32724**
Mailing Address: **1990 INDUSTRIAL DRIVE PO DRAWER 85 DELAND FL 32724**

3. Date Incorporated or Qualified: **04/26/1988**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21 1991 Industrial Drive**
22 Suite, Apt. #, etc.
23 City & State: **DeLand, Florida**
24 Zip: **32724**
25 Country: **Volusia**
26 Mailing Address: **1991 Industrial Drive**
27 Suite, Apt. #, etc.
28 City & State: **DeLand, Florida**
29 Zip: **32724**
30 Country: **Volusia**

4. FEI Number: **59-2889115**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes 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: **David Robinson**
82 Street Address (P.O. Box Number is Not Acceptable): **1991 Industrial Drive**
83
84 City: **DeLand** FL 85 Zip Code: **32724**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *David Robinson* **David Robinson** **4/29/96**
Signature, name or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBINSON, DAVID	
STREET ADDRESS	1990 INDUSTRIAL DR.	
CITY-ST-ZIP	DELAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GLANCE, GEORGE	
STREET ADDRESS	1990 INDUSTRIAL DRIVE	
CITY-ST-ZIP	DELAND FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	PATERNO, THOMAS	
STREET ADDRESS	1990 INDUSTRIAL DR.	
CITY-ST-ZIP	DELAND FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Robert Dye	
STREET ADDRESS	1991 Industrial Dr.	
CITY-ST-ZIP	DeLand, FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	Dale Alderman	
STREET ADDRESS	1991 Industrial Dr., DeLand, FL 32724	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

400001931374 Change Addition
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*****61.25**

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 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 I had sworn to the truth of the information. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Robinson* **4/29/96** **(904) 738-1809**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)