

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000060164 (9)  
1. Corporation Name

ROB'S PLACE, INC.

Principal Place of Business

7 EAST WALL ST.  
FROSTPROOF FL 33843

Mailing Address

7 EAST WALL ST.  
FROSTPROOF FL 33843



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1993		3a. Date of Last Report 05/01/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3199236		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
30							

9. Name and Address of Current Registered Agent

KEVAS, MARLEEN C  
7 EAST WALL ST.  
FROSTPROOF FL 33843

10. Name and Address of New Registered Agent

81 Name ROBERT J KEVAS  
82 Street Address (P.O. Box Number is Not Acceptable)  
1198 HARRELL AVE  
83  
84 City FROSTPROOF FL 85 Zip Code 33843

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Robert J Kevass*  
Signature typed or printed name of registered agent and the if applicable

ROBERT J KEVAS MANAGING DIRECTOR 8/2/96  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	MANAGING DIRECTOR
NAME	KEVAS, MARLEEN C	1.2 NAME	ROBERT J KEVAS
STREET ADDRESS	1198 HARRELL AVE.	1.3 STREET ADDRESS	1198 HARRELL AVE
CITY - ST - ZIP	FROSTPROOF FL 33843	1.4 CITY - ST - ZIP	FROSTPROOF, FL 33843
TITLE	DST	2.1 TITLE	
NAME	SCOTT, RANDY	2.2 NAME	
STREET ADDRESS	15 FORT CLUNCH HEIGHTS	2.3 STREET ADDRESS	
CITY - ST - ZIP	FROSTPROOF FL 33843	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	CRUMBLEY, RICK	3.2 NAME	
STREET ADDRESS	10 LAKE MOODY	3.3 STREET ADDRESS	
CITY - ST - ZIP	FROSTPROOF FL 33843	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 further 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 made under oath, that 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 that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert J Kevass* ROBERT J KEVAS 8/2/96 (941)635-1246  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)