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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 27 1997 8:00am  
Secretary of State

DOCUMENT # P94000005735 (3)

1. Corporation Name

ROBBINS SALES & MARKETING, INC.



Principal Place of Business

727 SPINNAKERS REACH  
PONTE VEDRA BEACH FL 32082

Mailing Address

727 SPINNAKERS REACH  
PONTE VEDRA BEACH FL 32082-3408

3. Date Incorporated or Qualified

01/21/1994

3a. Date of Last Report

02/14/1996

2. Principal Place of Business

21 209 CANNON COURT

Suite, Apt. #, etc.

22 PONTE VEDRA BEACH

City & State

23 FLORIDA

Zip

24 32082

Country

25 ST JOHN'S

2a. Mailing Address

26 209 CANNON COURT

Suite, Apt. #, etc.

27

City & State

28 PONTE VEDRA BEACH, FLORIDA

Zip

29 32082

Country

30 ST JOHN'S

4. FEI Number

59-3220749

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

WALKER, JAMES V  
4655 SALISBURY ROAD  
SUITE 390  
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

*Fredrick J. Robbins*

1/21/97

Signature of officer or director, or of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ROBBINS, FREDRICK J.  
STREET ADDRESS 727 SPINNAKERS REACH  
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ROBBINS, FREDRICK J. ☒ Change ☐ Addition

1.2 NAME 209 CANNON COURT

1.3 STREET ADDRESS PONTE VEDRA BEACH, FLORIDA

1.4 CITY-ST-ZIP 32082

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Fredrick J. Robbins*

1/21/97

(904) 285-5142

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)