FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000024019 (9)

Corporation Name	(~)
THE ROBINWOOD COMPANY, INC.	

Mailing Address Principal Place of Business 746 BALDWIN AVENUE 746 BALDWIN AVENUE DEFUNIAK SPRINGS FL 32433 DEFUNIAK SPRINGS FL 32433 3a. Date of Last Report 3. Date Incorporated or Qualified HS US 08/10/1995 03/25/1994 Applied For 4 FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3225772 26 21 \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zip ☐ Yes ☐ No Florida Statutes 30 29 10. Name and Address of New Registered Agent 25 24 g. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) 82 ROBINSON, AUBREY G 746 BALDWIN AVE 83 **DEFUNIAK SPRINGS FL 32433** 85 Zip Code 84 City 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, for the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the appointment of Section 607,0505, Florida Statutes.

2.	OFFICERS AND DIRECT		Englished Apol Squarite received 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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AME	ROBINSON, AUBREY G		1.2 NAME	
REEL ADDRÉSS	702 CIRCLE DRIVE		1.3 STREET ADDRESS	
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AMÉ.	ROBINSON, ANN S		2.2 NAME	
HEET ADDRESS	702 CIRCLE DRIVE		2.3 STREET ADDRESS	
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AMÉ	ROBINSON, CRAIG S		4.2 NAME	
TREET ADDRESS	1184 CIRCLE DRIVE		4.3 STREET ADDRESS	
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DITY - ST - ZIP			6.4 CITY - ST-ZIP	to the everyption stated in Section 119.07(3)(k), Florida Statutes, I further

14. I do hereby certify that the information supplied with this filing is injuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicately on trify, amount report or supplemented by under eport is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicately on trify, amount report or supplemented by under eport as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if chapted, option an attachnish tight produces.

SIGNATURE:

CHE AND TYPED OR DAINTED NAME OF SIGNING OFFICE FOR DRIECTOR

904-892-2888

CR2E034 (12/95)