

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000024019 (9)

1. Corporation Name

THE ROBINWOOD COMPANY, INC.



Principal Place of Business

746 BALDWIN AVENUE
DEFUNIAK SPRINGS FL 32433
US

Mailing Address

746 BALDWIN AVENUE
DEFUNIAK SPRINGS FL 32433
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ROBINSON, AUBREY G
746 BALDWIN AVE
DEFUNIAK SPRINGS FL 32433

3. Date Incorporated or Qualified

03/25/1994

3a. Date of Last Report

08/10/1995

4. FEI Number

59-3225772

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

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

[Signature]

(The Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

ROBINSON, AUBREY G
702 CIRCLE DRIVE
DEFUNIAK SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

ROBINSON, ANN S
702 CIRCLE DRIVE
DEFUNIAK SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

ROBINSON, CELIA A
820 NORTH BRETT STREET
CRESTVIEW FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

ROBINSON, CRAIG S
1184 CIRCLE DRIVE
DEFUNIAK SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUBREY G. ROBINSON

1/15/96

904-892-2888

Daytime Phone

CR2E034 (12/95)