

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 # P94000078775 (1)
1. Corporation Name

ROBINSON'S LAND CLEARING AND PAVING, INC.



Principal Place of Business

Mailing Address

1220 NE 8TH AVE
GAINESVILLE FL 32601

1220 NE 8TH AVE
GAINESVILLE FL 32601

3. Date Incorporated or Qualified
10/26/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 10003 NW 62 hwy
Suite, Apt. #, etc

26 10003 NW 62 hwy
Suite, Apt. #, etc

22 Gainesville, FL
City & State

27 Gainesville, FL
City & State

23 Zip Country
32653 U.S.

28 Zip Country
32653 U.S.

24 32653 25 U.S.

29 32653 30 U.S.

4. FEI Number
59-3274512

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

LAWRENCE & Mutch, P.A.
708 NW 8TH AVE
GAINESVILLE FL 32601

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 type: Larger for change of registered agent and the if applicable.

(NOTE: Registered Agent signature required when resigning.)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROBINSON, LESTER W JR
STREET ADDRESS 1220 NE 8TH AVE
CITY-ST-ZIP GAINESVILLE FL 32606 ☐ DELETE

TITLE D
NAME ROBINSON, ANN
STREET ADDRESS 1220 NE 8TH AVE
CITY-ST-ZIP GAINESVILLE FL 32606 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS 10003 NW 62 hwy
14 CITY-ST-ZIP Gainesville, FL 32653 ☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS 10003 NW 62 hwy
24 CITY-ST-ZIP Gainesville, FL 32653 ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Lester W. Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96

378-3363

CR2E034 (3/96)