

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 # P95000036729 (8)

1. Corporation Name

TOBIN INDUSTRIES CORPORATION



Principal Place of Business

303 ADAMS AVENUE
CAPE CANAVERAL FL 32920

Mailing Address

303 ADAMS AVENUE
CAPE CANAVERAL FL 32920

2. Principal Place of Business

2a. Mailing Address

21 7230 Ackerman Ave

26 303 Adams Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Cocoa, FL

28 Cape Canaveral, FL

24 Zip 32927

25 Country USA

29 Zip 32920

30 Country USA

3. Date Incorporated or Qualified

05/08/1995

3a. Date of Last Report

4. FEI Number

59-3059178

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

10. Name and Address of New Registered Agent

TOBIN, OLGA
303 ADAMS AVENUE
CAPE CANAVERAL FL 32920

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME TOBIN, OLGA
STREET ADDRESS 303 ADAMS AVENUE
CITY-ST-ZIP CAPE CANAVERAL FL 32920 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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NAME
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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

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME Tobin, James P
1.3 STREET ADDRESS 7230 Ackerman Ave
1.4 CITY-ST-ZIP Cocoa, FL 32927

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME Tobin, Jon T
2.3 STREET ADDRESS 257 CAPE CANAVERAL BEACH BLVD
2.4 CITY-ST-ZIP CAPE CANAVERAL, FL 32920

3.1 TITLE TOBIN, JILLIANA M. ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS 303 ADAMS AVE
3.4 CITY-ST-ZIP CAPE CANAVERAL, FL 32920

4.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
4.2 NAME TOBIN, JANELLE E.
4.3 STREET ADDRESS 303 ADAMS AVE
4.4 CITY-ST-ZIP CAPE CANAVERAL, FL 32920

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-96

407-783-5731

Date

Daytime Phone #

CR2E034 (12/95)