

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000050171 (4)

1. Corporation Name  
D + N ROBSON CORPORATION

Principal Place of Business  
2815 ADAMS ST  
INVERNESS FL 34453-2145

Mailing Address  
2815 ADAMS ST  
INVERNESS FL 34453-2145



|                                |  |                     |  |  |  |                                       |  |
|--------------------------------|--|---------------------|--|--|--|---------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified<br>06/26/1995                                    |  | 3a. Date of Last Report<br>04/28/1996 |  |
| 21                             |  | 26                  |  | 4. FEI Number<br>59-3348083  |  | Applied For<br>Not Applicable         |  |
| 22                             |  | 27                  |  | 5. Certificate of Status Desired <input type="checkbox"/>                          |  | \$8.75 Additional Fee Required        |  |
| 23                             |  | 28                  |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | \$5.00 May Be Added to Fees           |  |
| 24                             |  | 25                  |  | 29   |  | 30                                    |  |
| Zip                            |  | Country             |  | Zip  |  | Country                               |  |
| 24                             |  | 25                  |  | 29   |  | 30                                    |  |

9. Name and Address of Current Registered Agent

ROBSON, DAVID W  
2815 ADAMS ST.  
INVERNESS FL 34453

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |    |                          |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |    |                      |  |
|----------------------------|----|--------------------------|---------------------------------|---|----|----------------------|--|
| TITLE                      | DP | ROBSON, DAVID W          | <input type="checkbox"/> DELETE | 1.1 TITLE   | DP | Robson, David W.     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |    | 123 E BAY DR             |                                 | 1.2 NAME  |    | 2815 ADAMS ST.       |  |
| STREET ADDRESS             |    | TREASURE ISLAND FL 33706 |                                 | 1.3 STREET ADDRESS                                    |    | INVERNESS, FL. 34453 |  |
| CITY-ST-ZIP                |    |                          |                                 | 1.4 CITY-ST-ZIP                                       |    |                      |  |
| TITLE                      | DS | ROBSON, NORMA            | <input type="checkbox"/> DELETE | 2.1 TITLE   | DS | Robson, NORMA        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |    | 123 E BAY DR             |                                 | 2.2 NAME  |    | 2815 ADAMS ST.       |  |
| STREET ADDRESS             |    | TREASURE ISLAND FL 33706 |                                 | 2.3 STREET ADDRESS                                    |    | INVERNESS, FL. 34453 |  |
| CITY-ST-ZIP                |    |                          |                                 | 2.4 CITY-ST-ZIP                                       |    |                      |  |
| TITLE                      |    |                          | <input type="checkbox"/> DELETE | 3.1 TITLE   |    |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |    |                          |                                 | 3.2 NAME  |    |                      |  |
| STREET ADDRESS             |    |                          |                                 | 3.3 STREET ADDRESS                                    |    |                      |  |
| CITY-ST-ZIP                |    |                          |                                 | 3.4 CITY-ST-ZIP                                       |    |                      |  |
| TITLE                      |    |                          | <input type="checkbox"/> DELETE | 4.1 TITLE   |    |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |    |                          |                                 | 4.2 NAME  |    |                      |  |
| STREET ADDRESS             |    |                          |                                 | 4.3 STREET ADDRESS                                    |    |                      |  |
| CITY-ST-ZIP                |    |                          |                                 | 4.4 CITY-ST-ZIP                                       |    |                      |  |
| TITLE                      |    |                          | <input type="checkbox"/> DELETE | 5.1 TITLE   |    |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |    |                          |                                 | 5.2 NAME  |    |                      |  |
| STREET ADDRESS             |    |                          |                                 | 5.3 STREET ADDRESS                                    |    |                      |  |
| CITY-ST-ZIP                |    |                          |                                 | 5.4 CITY-ST-ZIP                                       |    |                      |  |
| TITLE                      |    |                          | <input type="checkbox"/> DELETE | 6.1 TITLE   |    |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |    |                          |                                 | 6.2 NAME  |    |                      |  |
| STREET ADDRESS             |    |                          |                                 | 6.3 STREET ADDRESS                                    |    |                      |  |
| CITY-ST-ZIP                |    |                          |                                 | 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 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]* Date *11-21-97*

CR2E034 (9/96)