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Sep 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000045224 (8)

1. Corporation Name
FLOORS BY ROBIN, INC.

Principal Place of Business

2002 MARQUIS DR
JACKSONVILLE FL 32210

Mailing Address

2002 MARQUIS DR
JACKSONVILLE FL 32210-2532

3. Date Incorporated or Qualified
05/21/1996

3a. Date of Last Report
5-21-96

2. Principal Place of Business

21 2002 Marquis Dr.

Suite, Apt. #, etc.

22

City & State

23 Jacksonville FL

Zip

24 32210

Country

25 USA

2a. Mailing Address

26 2002 Marquis Dr

Suite, Apt. #, etc.

27

City & State

28 Jacksonville FL

Zip

29 32210

Country

30 USA

4. FEI Number

593372600

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

X No

9. Name and Address of Current Registered Agent

ROBERTS, ROBIN C
2002 MARQUIS DR
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

ROBIN ROBERTS, C

82 Street Address (P.O. Box Number is Not Acceptable)

2002 Marquis Dr

83

84 City

Jax

FL

85 Zip Code

32210

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

ROBIN C. ROBERTS

(NOTE: Registered Agent signature required when reinstalling)

9-10-97

DATE

12. OFFICERS AND DIRECTORS

TITLE

D
NAME ROBERTS, ROBIN C
STREET ADDRESS 2002 MARQUIS DR
CITY-ST-ZIP JACKSONVILLE FL 32210

□ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

□ Change

□ Addition

□ Change

□ Addition

□ Change

□ Addition

□ Change

□ Addition

□ Change

□ Addition

□ Change

□ Addition

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: ROBIN C. ROBERTS 9/10/97 (604)

CR2E034 (9/96)