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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

#### Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000050624 (0)

#### **ROBJON ASSOCIATES INCORPORATED**

# FILED Aug 12 1998 8:00am Secretary of State

Principal Place of Businoss  JACKSON/ILE FL 3227  MACKSON/ILE FL 3227  MACKSON/ILE FL 3227  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  O8/09/1997  2. Principal Place of Businoss  2. Mailing Address  2. Mailing Address  2. Principal Place of Businoss  2. Mailing Address  3. Date Incorporated or Qualified  O8/09/1997  2. Principal Place of Businoss  2. Mailing Address  3. Date Incorporated or Qualified  O8/09/1997  3. Fix Number  Suite, Apt. #, etc.  2. City & Stato  2. Election Campaign Financing  Added to Fee Required  2. Principal Place of Status Desired  S. Country  3. This corporation owns or has paid the outered year Intampbile  Personal Proporty Tax due June 30. Pres   No.  9. Name and Address of Current Registered Agent  GIBBS, ROBERT  State CRONNILLE FL 32227  3. The Address (P.O. Box Number is Not Acceptable)  3. Sireet Address (P.O. Box Number is Not Acceptable)  3. Sireet Address (P.O. Box Number is Not Acceptable)  3. Sireet Address (P.O. Box Number is Not Acceptable)  3. Sireet Address (P.O. Box Number is Not Acceptable)  3. Sireet Address (P.O. Box Number is Not Acceptable)  3. Sireet Address (P.O. Box Number is Not Acceptable)  3. Sireet Address (P.O. Box Number is Not Acceptable)  3. Sireet Address (P.O. Box Number is Not Acceptable)  3. Sireet Address (P.O. Box Number is Not Acceptable)  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1. This  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  3. Sireet Address (P.O. Box Number is Not Acceptable)  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  3. Sireet Address (P.O. Box Number is Not Acceptable)  3. Sireet Address (P.O. Box Number is Not Acceptable)  3. Sireet Address (P.O. Box Number is Not Acceptable)  3. Sireet Address (P.O. Box Number is Not Acceptable)  3. Sireet Address (P.O. Box Numbe
ACKSONVILLE FL 32227    DO NOT WRITE IN THIS SPACE
2. Principal Place of Business
Principal Place of Businoss   2a. Malling Address   4. FER Number   Applied For
2. Principal Place of Business   2a. Mailling Address   4. FEI Number   Applied For Not Applicable   59-3493904   Not Applicable   Suite, Apt. #, etc.   S
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt. #, etc.
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt. #, etc.
City & State    City & State   City & State   City & State   City & State   City & State   City & State   Country   Zip   Country   St. This corporation owes or has paid the ourrent year integration of the personal Property Tax due June 30.   Yes   No   No   Response of the Registered Agent   No   Response of the Registered Agent   No   Response of the Registered Agent   Street Address (P.O. Box Number is Not Acceptable)
Zip   Country   Zip   Country   Zip   Country   Zip   Country   St. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No  Name and Address of Current Registered Agent  GIBBS, ROBERT  5495 FORT CAROLINE ROAD  JACKSONVILLE FL 32227  83  Reference of 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 agent. Jam familiar with, and accept the obligations of, Section 607,0502, Florida Statutes.  SIGNATURE  SIGNATURE  11. Pursuant to the provisions of continuing the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Jam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ORBBS, ROBERT  12. NAME  GIBBS, ROBERT  13. SIREET ADDRESS  PONTE VEDRA FL 32082  14. CITY SI - ZIP  TITLE  OCHANGE FAST  13. SIREET ADDRESS  PONTE VEDRA FL 32082  14. CITY SI - ZIP  TITLE  OCHANGE FAST  15. Change Addition  Addition  Addition  Change Addition  Addition  Addition  Change Addition  Addition  Change Addition
9. Name and Address of Current Registered Agent  GIBBS, ROBERT 5495 FORT CAROLINE ROAD JACKSONVILLE FL 32227  83  84 City  FL  85 Zip Code  11. Pursuant to the provisions of Soctions 607,0502 and 607 1508, Florida Statules, 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 Statules.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ORANGE  GIBBS, ROBERT  12. NAME  SIREET ADDRESS  GIPS-31-ZIP  PONTE VEDRA FL 32082  14. GITY-SI-ZIP  DELETE  1.1 TITLE  ORANGE  Change  Addition  Addition  Addition  Change  Addition  Addition
GIBBS, ROBERT 5495 FORT CAROLINE ROAD JACKSONVILLE FL 32227  83  City  FL 85 Zip Code  11. Pursuant to the provisions of Soctions 607.0502 and 607 1508, Florida Statules, 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, Soction 607.0505, Florida Statutes.  SIGNATURE  Signature, lyrud or prained name of registered agent a
Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  85 Zip Code  11. Pursuant to the provisions of Soctions 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and life is applicable (NOTE Registered Agent agreeture required when relinations)  OATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  O GIBBS, ROBERT  1.2 NAME  SIRRET ADDRESS  SO15 CYPRESS CREEK DRIVE, EAST  1.3 STREET ADDRESS  CITY-ST-ZIP  PONTE VEDRA FL 32082  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  O Change Addition  Addition  ORBSS, SHIRLEY  ORBSS, SHIRLEY  2.2 NAME
JACKSONVILLE FL 32227  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, byted or position name of registered agent and life it spelicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  D  GIBBS, ROBERT  3015 CYPRESS CREEK DRIVE, EAST PONTE VEDRA FL 32082  14. CITY-ST-ZIP  TITLE  D  GIBBS, SHIRLEY  Change Addition  Addition  GIBBS, SHIRLEY  Change Addition
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 pented name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12  ITHLE  OFFICERS AND DIRECTORS IN 12  DELETE  1.1 TITLE  OFBESS CREEK DRIVE, EAST  1.3 SIREET ADDRESS  CITY-ST-ZIP  PONTE VEDRA FL 32082  1.4 CITY-S1-ZIP  TITLE  ORBBS, SHIRLEY  Change Addition  Change Addition  Change Addition  Change Addition
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in 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  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  OFFICERS AND DIRECTORS  1.1 TITLE  GIBBS, ROBERT  1.2 NAME  SIREET ADDRESS  OITY-ST-ZIP  PONTE VEDRA FL 32082  1.4 CITY-ST-ZIP  DELETE  2.1 TITLE  GIBBS, SHIRLEY  Change  Addition  DELETE  2.1 TITLE  Change  Addition  DELETE  2.1 TITLE  Change  Addition
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 prelied name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  OGIBBS, ROBERT  30.15 CYPRESS CREEK DRIVE, EAST  PONTE VEDRA FL 32082  1.4 CITY-SI-ZIP  ITILE  OGIBBS, SHIRLEY  DELETE  2.1 TITLE  Change  Addition  OGIBBS, SHIRLEY  2.2 NAME
SIGNATURE    Signature, typed or printed name of registered agent and letter' symbolished   (NOTE Registered Agent signature required when reinstating)   DATE
Signature, typed or printed native of registered agent and left if applicable   (NOTE Registered Agent signature required when reinstature)   DATE
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D GIBBS, ROBERT 1.2 NAME STREET ADDRESS 3015 CYPRESS CREEK DRIVE, EAST CITY-ST-ZIP PONTE VEDRA FL 32082  1.4 CITY-S1-ZIP TITLE  D GIBBS, SHIRLEY 22 NAME
NAME   GIBBS, ROBERT   1.2 NAME   1.3 STREET ADDRESS
STREET ADDRESS   3015 CYPRESS CREEK DRIVE, EAST   1.3 STREET ADDRESS
CITY-ST-ZIP PONTE VEDRA FL 32082 1.4 CITY-ST-ZIP  THLE D DELETE 2.1 TITLE CHange Addition  NAME GIBBS, SHIRLEY 22 NAME
THLE D DELETE 2.1 TIFLE Change Addition RAME GIBBS, SHIRLEY 2.2 NAME
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BALE OVERDEDO ORCEV BRICE FLOY
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NAME 5.2 NAME
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CITY-ST-ZIP 5.4 CITY-ST-ZIP
TIFLE DELETE 6.1 TIFLE Change Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 supplience 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 altochmost with an address.

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