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

P97000076207 (4) DOCUMENT # 1. Corporation Name

S. L. ROBINSON, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			ss			
532 FRANK SHAW ROAD 532 FRANK SHAW ROAD						
TALLAHASSEE FL 32312 TALLAHASSEE FL 323				DO NOT WRITE IN THE REACE		NOE.
					DO NOT WRITE IN THIS SPA	····
					3. Date Incorporated or Qualified 09/03/1997	
A Binder Do	and at Durain and	2n Mailing Address			4. FEI Number	Applied For
——————————————————————————————————————		2a. Mailing Address	. Mailing Address		73-1477791.	Applied For Not Applicable
21 College And Warter		Suite Ant # ste			12111114	\$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Required
22 City & State		City & State	City & State		& Flastian Communica Financing	· · · · · · · · · · · · · · · · · · ·
23		 			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	p Country Z-ip		Country		8. This corporation owes or has paid the curren	
	25 29 30		_	Personal Property Tax due June 30. Yes No		
24 25 29 29 9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
GM	BEL, ALBERT T ESO		81	Name		
215 8 MONROE STREET				<u> </u>		
SUITE 701			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301				 		
IAL	EMINOUEL (F 0500)					· · · · · · · · · · · · · · · · · · ·
			84	City	FL ^l	85 Zip Code
## Discount to	the marie and Sections 607.00	22 and 607 1509. Elerida Statute	or the abou	o pamod so		panging its registered
office or rea	pistered agent, or both, in the State familiar with, and accept the oblig	of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized b rida Statute	y the corporates.	rporation submits this statement for the purpose of chation's board of directors. I hereby accept the appoin	tment as registered
SIGNATURE ${s}$	Ignature, typed or printed name of registered ay	ect and trie if applicable (NOTE	Registered Ag	ent signature req	Jured when reinstating) DATE	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE	resident	DELETE	1.1 TITLE		<u> </u>	Change Addition
NAME .	GARLIA A Phinsol	١.	1.2 NAME			
STREET ADDRESS	Steve A. Pobinsol 532 Frank Shaw	Pd	1.3 STRÉE	T ADDRESS		
CITY-ST-ZIP	allabasse FL	3 <i>3</i> 3100	1.4 CITY-	ST-ZIP		
TITLE A	condend Secretary	DELETE	2.1 TITLE			Change Addition
NAME I	ISA LOCRAINE R	MINIA	2.2 NAME			
STREET ADDRESS	32 FLAMI Show	7.A	2.3 STREE	1 ADDRESS		
CITY-ST-ZIP	Tallahasserff 3	3312	2. 4 CITY	ST-ZIP		
TITLE	La-w wooda	DELETE	3.1 TITLE			Change Addition
NAME	k		3.2 NAME		1	
STREET ADDRESS			3.3 STREE	1 ADDRESS		
CITY-ST-ZIP			3.4. CITY			
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS	•	
CITY-ST-ZIP			4.4 CITY-	1		
TITLE		☐ DELETE	5.1 TITLE		40000251276 -05/06/9801015038	4C pange ☐ Addition
NAME			5.2 NAME		-05/06/9801015038	3 -
STREET ADDRESS				T ADDRESS	***150.00	•
			5.4 CITY -			
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE	01-40	Γ	Change Addition
NAME			6.2 NAME		<u> </u>	`\ <i>\\\</i>
				T ADDRESS		
STREET ADDRESS			1		\circ	~ ~
CITY-ST-ZIP	attly that the information supplied w	ith this filing does not qualify fo	6.4 CITY- or the exem	ntion stated i	in Section 119.07(3)(i), Florida Statutes. I further certif	v that the information
indicated a	a this appual rapad or supplement	at annual raport is true and acc	urete and ti	nat mu sinnat	ture shall have the same legal effect as it made under	r oath: that I am an
officer or d Block 12 or	ir ect or of the corporation or the rec r Bio ck 13 if changed, or on an atta	eiver or trustee empowered to e chiment with an address.	execute inis	report as re	quired by Chapter 607, Florida Statutes; and that my	паше арреать п
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