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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000066477

1. Corporation Name

ROBINSON INTERMODAL TRANSPORTATION SERVICES, INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4501 PINE CONE PLACE
COCOA FL 32926

Mailing Address
4501 PINE CONE PLACE
COCOA FL 32926

3. Date Incorporated or Qualified

07/27/1998

2. Principal Place of Business

21 707 Mullet Road #105

Suite, Apt. #, etc.

22 #105

23 Port Canaveral

City & State

24 32920 25 USA

Zip Country

2a. Mailing Address

26 P.O. Box 207

Suite, Apt. #, etc.

27

28 Cape Canaveral

City & State

29 32920 30 USA

Zip Country

4. FEI Number

59-3526596

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

ROBINSON, DENNIS
4501 PINE CONE PLACE
COCOA FL 32926

10. Name and Address of New Registered Agent

81 Name Dennis Robinson
82 Street Address (P.O. Box Number is Not Acceptable)
707 Mullet Rd
83 #105
84 City Port Canaveral FL 85 Zip Code 32920

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 *Dennis Robinson*
Signature, typed or printed name of registered agent and title if applicable.

Dennis Robinson - President

4/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROBINSON, DENNIS
STREET ADDRESS 175 SEA BREEZE CIRCLE
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE D
NAME ROBINSON, DONNA
STREET ADDRESS 175 SEA BREEZE CIRCLE
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE D
NAME ROBINSON, LINDA
STREET ADDRESS 175 SEA BREEZE CIRCLE
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I 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, with all other like empowered.

SIGNATURE: *Donna Robinson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 407-868-0770
Date Daytime Phone #

CR2E034 (11/98)