

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S36263** (9)

1. Corporation Name

ROBINETTE AND EATON LAND SURVEYING, INC.



Principal Place of Business

**3470 1ST AVENUE, N.W.
NAPLES FL 33964
US**

Mailing Address

**3470 1ST AVENUE, N.W.
NAPLES FL 33964
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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3. Date Incorporated or Qualified
03/04/1991

3a. Date of Last Report
03/09/1995

4. FFI Number

65-0249161

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**ROBINETTE, JOSEPH P.
3470 1ST AVENUE N.W.
NAPLES FL 33399**

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 607.1506, 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 of person making this statement (Type or print name)

Signature of Secretary of State (Type or print name)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
D	EATON, DOUGLAS R.	325 29TH STREET N.W.	NAPLES FL	☐
D	ROBINETTE, JOSEPH P.	3470 1ST AVENUE N.W.	NAPLES FL	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
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SIGNATURE: *[Signature]*
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96

1-941-353 0085

CR2E034 (12/95)