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FILED

Mar 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S36771 (1)

1. Corporation Name

ROBINSON HEATING & AIR, INCORPORATED

Principal Place of Business

P.O. BOX 825  
LAKE BUTLER FL 32054

Mailing Address

P.O. BOX 825  
LAKE BUTLER FL 32054-0825



2. Principal Place of Business

21 220 W Main St

Suite, Apt. #, etc.

22 City & State

23 Lake Butler, FL

Zip Country

24 32054 25 Union

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/05/1991

3a. Date of Last Report

03/05/1996

4. FEI Number

59-3062658

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

9. Name and Address of Current Registered Agent

ROBINSON, RICHARD D.

~~RT 5 BOX 425~~ Rt 12 Box 782  
LAKE CITY FL ~~32055~~ 32025

10. Name and Address of New Registered Agent

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 607.1508, 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. (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	ROBINSON, RICHARD	
STREET ADDRESS	<del>RT 5 BOX 425</del> Rt 12 Box 782	
CITY-STATE-ZIP	LAKE CITY FL	
TITLE	P	DELETE
NAME	ROBINSON, RICHARD	
STREET ADDRESS	<del>RT 5 BOX 425</del> Rt 12 Box 782	
CITY-STATE-ZIP	LAKE CITY FL	
TITLE	VP	DELETE
NAME	ROBINSON, DIANA	
STREET ADDRESS	<del>RT 5 BOX 425</del> Rt 12 Box 782	
CITY-STATE-ZIP	LAKE CITY FL	
TITLE	ST	DELETE
NAME	WILSON, VIVIAN HL	
STREET ADDRESS	<del>RT 5 BOX 425</del> Rt 5 Box 4370	
CITY-STATE-ZIP	LAKE BUTLER FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	Change	Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE	Change	Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE	Change	Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE	Change	Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-STATE-ZIP		
61 TITLE	Change	Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

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: Vivian H. Wilson, Sec. Sup.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97 904-496-2000  
Date Daytime Phone

CR2E034 (9/96)