


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

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Apr 01 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 # S69427 (0)			
1. Corporation Name G.B. ROBBINS, INC.			
Principal Place of Business 300 WEST ADAMS STREET JACKSONVILLE FL 32207 US		Mailing Address P.O. BOX 1190 TALLAHASSEE FL 32302-1190 US	
2. Principal Place of Business 21 208 N. PEARL ST Suite, Apt. #, etc. 22 City & State 23 JACKSONVILLE FL Zip Country 24 32202 US		2a. Mailing Address 26 P.O. Box 995 Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE FL Zip Country 29 32201 US	
9. Name and Address of Current Registered Agent ROBBINS, GERALDINE B 145 JANELLE LANE JACKSONVILLE FL 32211		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 208 N. PEARL ST 83 84 City JACKSONVILLE FL 85 Zip Code 32202	
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 <i>G.B. Robbins</i> G.B. ROBBINS DATE 3/26/97 <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE P <input type="checkbox"/> DELETE NAME ROBBINS, GERALDINE B STREET ADDRESS 145 JANELLE LN CITY-STATE-ZIP JACKSONVILLE FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 208 N. PEARL ST 1.4 CITY-STATE-ZIP JACKSONVILLE FL 32202 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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: <i>G.B. Robbins</i> G.B. ROBBINS DATE 3/26/97 904 355-5566 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>			



CR2E034 (9/96)