

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S72140 (4)**

1. Corporation Name
AUBREY G. ROBINSON, DDS, P.A.



Principal Place of Business: **8 W BALDWIN AVE DEFUNIAK SPRINGS FL 32433**
Mailing Address: **8 W BALDWIN AVE DEFUNIAK SPRINGS FL 32433**

3. Date Incorporated or Qualified: **08/07/1991**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **59-3076160**
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

2. Principal Place of Business: **746 BALDWIN AVE**
2a. Mailing Address: **746 BALDWIN AVE**
23. City & State: **DE FUNIAK SPRINGS FL**
24. Zip: **32433**

9. Name and Address of Current Registered Agent: **ROBINSON, AUBREY G. 8 W BALDWIN AVE DEFUNIAK SPRINGS FL 32433**
10. Name and Address of New Registered Agent: **81 Name: ROBINSON, AUBREY G. 82 Street Address (P.O. Box Number is Not Acceptable): 746 BALDWIN AVENUE 83 City: DE FUNIAK SPRINGS FL 84 Zip Code: 32433**

11. Pursuant to the provisions of Sections 607.0902 and 607.1303, 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 607.1303, Florida Statutes.

SIGNATURE: *Aubrey G. Robinson* **AUBREY G. ROBINSON Pres 2/13/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, AUBREY G.	1.2 NAME	
STREET ADDRESS	8 W BALDWIN AVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	DEFUNIAK SPRINGS FL	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto 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 and the recorder 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 the address.

SIGNATURE: *Aubrey G. Robinson* **AUBREY G. ROBINSON 904-892-2888**

CR2E034 (12/95)