


FILED

Apr 25 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 # S88181 (0)			
1. Corporation Name ROBOCO, INC.			
Principal Place of Business 2700 WEST AVE. PANAMA CITY BEACH FL 32408		Mailing Address P.O. BOX 9158 PANAMA CITY BEACH FL 32417-9158	
2. Principal Place of Business		2a. Mailing Address	
21 2700 WEST AVE.	26 P.O. BOX 9158		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.		
23 PANAMA CITY BEACH, FL.	28 PANAMA CITY BEACH, FL.		
24 32408	25 U.S.A.	29 32417	30 U.S.A.
9. Name and Address of Current Registered Agent			
OAKES, ROBERT, JR. 2700 WEST AVENUE PANAMA CITY BEACH FL 32408			81 Name
			82 Street Address
			83
			84 City
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporate agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE			
<small>Signature of officer or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required)</small>			
12. OFFICERS AND DIRECTORS		13.	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	
NAME	OAKES, ROBERT C. JR.	1.2 NAME	
STREET ADDRESS	2700 WEST AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BCH FL 32408	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:		ROBERT C. OAKES, JR.	



CR2E034 (9/96)