

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V47556** (8)

1. Corporation Name

CLINT ROBERTSON ENTERPRISES, INC.

Principal Place of Business

**645 NEWFOUND HARBOR DR.
MERRITT ISLAND FL 32952**

Mailing Address

**645 NEWFOUND HARBOR DR.
MERRITT ISLAND FL 32952
US**



2. Principal Place of Business

21 **275 W. Columbia Lane** 26 **275 W. Columbia Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Cocoa Beach, FL** 28 **Cocoa Beach, FL**

Zip

Country

Zip

Country

24 **32931** 25 **FL** 29 **32931** 30 **FL**

9. Name and Address of Current Registered Agent

**ROBERTSON, CLINTON O.
645 NEWFOUND HARBOR DR.
MERRITT ISLAND FL 32952**

3. Date Incorporated or Qualified

06/29/1992

3a. Date of Last Report

05/26/1995

4. FEI Number

59-3129528

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

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]
Signature, typed or printed name of registered agent and the officer

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | DELETE |
|-------|--------------------------------|----------------|-----------------|--------------------------|
| | DPMD | | | <input type="checkbox"/> |
| | ROBERTSON, CLINTON O. | | | <input type="checkbox"/> |
| | 645 NEWFOUND HARBOR DR. | | | <input type="checkbox"/> |
| | MERRITT ISLAND FL | | | <input type="checkbox"/> |
| | D | | | <input type="checkbox"/> |
| | SNIDER, SHELLEY A. | | | <input type="checkbox"/> |
| | 645 NEWFOUND HARBOR DR. | | | <input type="checkbox"/> |
| | MERRITT ISLAND FL | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change | Addition |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 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, changed, or on an attachment with an address

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

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