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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 547998

(5)

ROBERTS & ASSOCIATES SOUTHEAST, INC.

Principal Place	e of Business	Mailing Address			, 198151 81111 91811 18418 18418 18419	* 100101 01011 41011 10010 10110 10101 1011 41011 01011 01011 01011 01011 01011		
4010 BOY SCO	UT BLVD. : SUITE 550 "	P.O. BOX 23665						
SUITE 280		P.O. BOX 23665						
TAMPA FL 3360)7	TAMPA FL 33623-3665 US			8 D-11 1- 0 - 15 - 1	100 000 410 45		
US		03				3. Date incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address				-	4. FEI Number		oplied For	
21 4010	DIO BOY SCOUT BLVD. 26				59-1812901	No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc						5. Certificate of Status Desired S8.75 Additional		
22 SUITE 280 27					5. Certificate of Status Desired		equired	
City & State	0	City & State	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution		to Fees	
Zφ	Country	Zip	Countr	/	8. This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30			Florida Statutes Yes No				
	9. Name and Address of Currer	nt Registered Agent		T :::	10. Name and Address of New R	egistered Agent		
	erts, James W Jr		81	81 Name				
-44919 BOY SCOUT BLVD				Street	Address (P.O. Box Number is Not Accepte	ible)		
SUITE 280					Address (P.O. Box Number is Not Accepte 4010 BOY SCOUT	BLVD		
TAM	PA FL 33607		83					
			84	City		85 Zip i	Code	
				0,				
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the abov	e-named	corporation submits this statement for the	purpose of changing it	ts registered	
omce or n agent. La	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was at jations of, Section 607.0505, Flor	urnorizea b rida Statute	y ine corp s.	poration's board of directors. I hereby acco	opt the appointment as	registered	
SIGNATURE								
	Stgnature, typed or printed name of registered ag	ent and title it applicable (NOTE:	Registered Ag	ent signature	required when reinstating)	DATE		
12.			13.		ADDITIONS/CHANGES TO OFF			
TIBLE	PTO	☐ DELETE	1.1 TITLE		STO STORY	Change	Addition	
NAME	ROBERTS, JAMES W. JR.		1.2 NAME		1000113, 3011C3 1V.3	•		
STREET ADDRESS	111 EDMONTON LANE		1.3 STREE	t address	111 DO			
CITY-ST-7iP	BRANDON, FL 00000		1.4 City-	ST-ZIP		***		
TIFLE		☐ DELETE	2.1 TITLE		PTD	∠ Change	☐ Addition	
Name			2.2 NAME		James W. Roberts, J			
STREET ADDRESS			2.3 STREE	T ADDRESS	BIL SOUTH ROME AVE	.		
CITY-ST-ZIP			2. 4 CITY-	ST - ZIP	TAMPA FL 33606			
1I/LE	☐ DELETE 3		31 TITLE			Change	Addition	
NAME			3 2 NAME					
STREET ADDRESS			3.3 STREE	t address				
CITY-ST-ZIP			3 4. CITY-	ST - ZIP				
TITLE			41 TITLE			Change	Addition	
NAME			4 2 NAME	•				
STREET ADDRESS			4.3 STREE	t address				
CITY-ST-7IP			4.4 C(TY-	ST-ZIP				
THLE	☐ DELETE 5		51 TITLE			Change	Addition -	
NAME			52 NAME					
STREET ADDRESS			5 3 STREE	T ADDRESS				
CITY-ST-ZIP		···	5 4 CiTY-	ST-ZIP				
TITLE		☐ DELETE	61 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	t address				
CITY - ST - ZIP			6.4 CITY-					
14. I do herel	by certify that the information supplies	ed with this filing does not qualify	for the ex	emption s	stated in Section 119.07(3)(i), Florida Statut I that my signature shall have the same leg	es. I further certify that	the	
Lam an o	fficer or director of the corporation o	r the receiver or trustee empowe	ered to exe	cute this r	report as required by Chapter 607, Florida	Statutes; and that my i	name	
appears i	in Block 12 or Block 13 if vhariged, c	or on an attachment with an addr	ress.		•	•		

SIGNATURE:

January Willell Chille Congression of the Congressi

JAN. 22,1997

8/3-872-7500

Davime Phone #

FILED

Feb 04 1997 8:00am

Secretary of State