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

PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra Dr Mortham FILED **ANNUAL REPORT** Secretary of State 1997 DIVISION OF CORPORATIONS 98 MAR -5 PM 2:58 DOCUMENT # M74141 (6) SECRETARY OF STATE ALLAHASSEE, FLORIDA ROBERTSON REALTY, INC. Principal Place of Business Mailing Address C/O SUSAN ROBERTSON 424 S. KINGS AVE. 424 S. KINGS AVE. BRANDON FL 33511-5920 BRANDON FL 33511 3. Date Incorporated or Qualified 3a. Date of Last Hepo 07/26/1996 03/29/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2892889 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Ζıρ Country This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROBERTSON, SUSAN 131 N. MOON AVE., SUITE 1 424 S. Kings AVE BRANDON FL 33511 Brandon, FL 33511 Street Address (P.O. Box Number is Not Acceptable) 82 83 84 City 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, a 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** (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change ☐ Addilion TIR F 11 TITLE 200002453202--- 8 -03/10/38--01106--008 **ROBERTSON, SUSAN** NAME 1.2 NAME **2803 POINTER PLACE** STREET ADDRESS 1.3 STREET ADDRESS ****980.00 ****900.00 CITY-ST-ZIP **SEFFNER FL** 1.4 CITY - ST - ZIP Change Addition DELETÉ TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE TITLE 3 1 TITLE Change Addition NAME 3.2 NAME

6.4 CITY - ST - ZIP CITY-ST-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.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY - ST - ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

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STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

TITLE NAME

Change

Change

☐ Addition

Addition

Addition

(96/6)