

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90067 022 \*\*\*150.00

DOCUMENT # P95000044907

1. Corporation Name

C.L. ROBERTSON & ASSOCIATES C.P.P., INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1995

4. FEI Number

59-3303805

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8902 Water Lily Lane

83

84 City Tampa

FL

85 Zip Code 33635

Principal Place of Business

C L ROBERTSON & ASSOCIATES  
4747 W WATERS AVE #2604  
TAMPA FL 33614  
US

Mailing Address

C L ROBERTSON & ASSOCIATES  
4747 W WATERS AVE #2604  
TAMPA FL 33614  
US

2. Principal Place of Business

21 8902 Water Lily Lane

2a. Mailing Address

26 8902 Water Lily Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Tampa

27

City & State

City & State

23 FL 33635

28 Tampa FL

Zip

Country

Zip

Country

24 Hillsb.

29 33635

30 Hills

9. Name and Address of Current Registered Agent

C L ROBERTSON & ASSOCIATES  
4747 W WATERS AVE #2604  
TAMPA FL 33614

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ROBERTSON, C L  
STREET ADDRESS 4747 W WATERS AVE #2604  
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Chesley* SIGNATURE REQUIRED

4/29/99 (813) 885-2331

CR2E034 (11/98)