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 # **304239** **(7)**

1. Corporation Name

ERB & ROBERTS INC

Principal Place of Business	Mailing Address
2383 S.W. ARCHER RD. GAINESVILLE FL 32608-1024	P.O. BOX 140297 GAINESVILLE FL 32614-0297 US

3. Date Incorporated or Qualified: **04/15/1966**
3a. Date of Last Report: **04/14/1995**

4. FEI Number: **59-1099937** ☐ 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

2. Principal Place of Business
21 911 NW 53 Ave
22 Suite, Apt. #, etc.
23 Gainesville, FL
24 Zip 32609 25 Country Alachua

2a. Mailing Address
26 Same
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

ERB, THOMAS COOK
10915 SW 16TH ST
MICANOPY FL 32667

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] Thomas C. Erb DATE

(If changing Registered Agent, Signature of New Registered Agent required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TYPE	VP	☐ DELETE	1-1 TITLE		☐ Change ☐ Addition
NAME	SCHWARTZ, ROBERT		1-2 NAME		
STREET ADDRESS	S.R. 232		1-3 STREET ADDRESS		
CITY-ST-ZIP	HIGH SPGS. FL		1-4 CITY-ST-ZIP		
TYPE	P	☐ DELETE	2-1 TITLE		☐ Change ☐ Addition
NAME	ERB, THOMAS COOK		2-2 NAME		
STREET ADDRESS	10915 SW 16TH STREET		2-3 STREET ADDRESS		
CITY-ST-ZIP	MICANOPY FL		2-4 CITY-ST-ZIP		
TYPE	S	☐ DELETE	3-1 TITLE		☐ Change ☐ Addition
NAME	RICKER, MYRA		3-2 NAME		
STREET ADDRESS	2105 NW 36 DRIVE		3-3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3-4 CITY-ST-ZIP		
TYPE		☐ DELETE	4-1 TITLE		☐ Change ☐ Addition
NAME			4-2 NAME		
STREET ADDRESS			4-3 STREET ADDRESS		
CITY-ST-ZIP			4-4 CITY-ST-ZIP		
TYPE		☐ DELETE	5-1 TITLE		☐ Change ☐ Addition
NAME			5-2 NAME		
STREET ADDRESS			5-3 STREET ADDRESS		
CITY-ST-ZIP			5-4 CITY-ST-ZIP		
TYPE		☐ DELETE	6-1 TITLE		☐ Change ☐ Addition
NAME			6-2 NAME		
STREET ADDRESS			6-3 STREET ADDRESS		
CITY-ST-ZIP			6-4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true and accurate and 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 with an address.

SIGNATURE: [signature] Thomas C. Erb 352-376-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #