FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** FLORIDA DEPARTMENT OF STATE Jan 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (8)341076 ROBERTS REALTY INC. Principal Place of Business Mailing Address 2051 CHARK ROAD -2624 MALL_DR-SARASOTA FL 34231 SARASOTA FL 34231 DO NOT WRITE IN THIS SPACE HS 3. Date Incorporated or Qualified 02/04/1969 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2621 59-1278234 Not Applicable \$8.75 Additional DR 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be SARASOTA Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year intangible ATOORS AZ 30 SARASOTA 3423 ☐ Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ROBERTS, LAURA 8596 HIDDEN LAGOON DR. Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34242 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 remiliar with, and accept the obligations of, Section 607.8505, Florida Statutes. SIGNATURE red Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE ROBERTS, LAURA NAME 12 NAME 8596 HIDDEN LAGOON DR. STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE TITLE Change ___ Addition ROBERTS, ALAN C. NAME 2.2 NAME 8596 HIDDEN LAGOON DR. 2.3 STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3,3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4,1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TID F 61 TITLE

62 NAME

14. Thereby certify that the Information supplied with this filing does not qualify for the elemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of 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 12 if changed or on an attachment with an address.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

CR2E034