

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3:40

DOCUMENT # 455660 (1)

1. Corporation Name
ROBERTS VAULT COMPANY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
**14621 ROBERTS BARN
DADE CITY FLORIDA 33525
US**

Mailing Address
**14621 ROBERTS BARN RD
DADE CITY FLORIDA 33525
US**

3. Date Incorporated or Qualified **07/01/1974** 3a. Date of Last Report **04/22/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1549193		Applied For <input type="checkbox"/> Not Applicable	
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27					
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		28					
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WALLER, CHARLES D 419 E LIVE OAK DADE CITY, FL 33525				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, CURTIS EMORY	1.2 NAME	
STREET ADDRESS	14621 ROBERTS BARN RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, CRAIG M.	2.2 NAME	
STREET ADDRESS	14621 ROBERTS BARN RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, DONNA C.	3.2 NAME	
STREET ADDRESS	14621 ROBERTS BARN RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, STEVEN E.	4.2 NAME	
STREET ADDRESS	14621 ROBERT BARN RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, GREGG C.	5.2 NAME	
STREET ADDRESS	14621 ROBERTS BARN RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	DADE CITY FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *Donna Roberts Sec. Treas* **DONNA ROBERTS** 904-567-2138
4/4/95
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR