

**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 # 455660 (1)

1. Corporation Name

ROBERTS VAULT COMPANY, INC.



Principal Place of Business

Mailing Address

14621 ROBERTS BARN  
DADE CITY FLORIDA 33525  
US

14621 ROBERTS BARN RD  
DADE CITY FLORIDA 33525  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

07/01/1974

3a. Date of Last Report

04/14/1995

4. FEI Number

59-1549193

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                       |                                 |
|-----------------|-----------------------|---------------------------------|
| TITLE           | D                     | <input type="checkbox"/> DELETE |
| NAME            | ROBERTS, CURTIS EMORY |                                 |
| STREET ADDRESS  | 14621 ROBERTS BARN RD |                                 |
| CITY - ST - ZIP | DADE CITY FL          |                                 |
| TITLE           | VP                    | <input type="checkbox"/> DELETE |
| NAME            | ROBERTS, CRAIG M.     |                                 |
| STREET ADDRESS  | 14621 ROBERTS BARN RD |                                 |
| CITY - ST - ZIP | DADE CITY FL          |                                 |
| TITLE           | ST                    | <input type="checkbox"/> DELETE |
| NAME            | ROBERTS, DONNA C.     |                                 |
| STREET ADDRESS  | 14621 ROBERTS BARN RD |                                 |
| CITY - ST - ZIP | DADE CITY FL          |                                 |
| TITLE           | VP                    | <input type="checkbox"/> DELETE |
| NAME            | ROBERTS, STEVEN E.    |                                 |
| STREET ADDRESS  | 14621 ROBERT BARN RD  |                                 |
| CITY - ST - ZIP | DADE CITY FL          |                                 |
| TITLE           | VP                    | <input type="checkbox"/> DELETE |
| NAME            | ROBERTS, GREGG C.     |                                 |
| STREET ADDRESS  | 14621 ROBERTS BARN RD |                                 |
| CITY - ST - ZIP | DADE CITY FL          |                                 |
| TITLE           |                       | <input type="checkbox"/> DELETE |
| NAME            |                       |                                 |
| STREET ADDRESS  |                       |                                 |
| CITY - ST - ZIP |                       |                                 |

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 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 119.07(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 C. Roberts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96

(852)  
567-2138  
Daytime Phone #

CR2E034 (12/95)