

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 458940 (4)

1. Corporation Name

ROBERTS' FEED AND WESTERN SUPPLY, INC.



Principal Place of Business

1660 MASTERS DRIVE
ST. AUGUSTINE FL 32095

Mailing Address

1660 MASTERS DRIVE
ST. AUGUSTINE FL 32095

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

UPCHURCH, HAMILTON D.
ATLANTIC BANK BLDG.
ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified

07/31/1974

3a. Date of Last Report

03/21/1995

4. FLE Number

59-1542595

Applied For
Not Applicable

5. Certificate of Status Declared

☐

\$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

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 607.1500, 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 of Registered Agent (Signature of the Registered Agent)

Signature of Registered Agent (Signature of the Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

NAME
STREET ADDRESS
CITY, ST, ZIP
NAME
STREET ADDRESS
CITY, ST, ZIP
NAME
STREET ADDRESS
CITY, ST, ZIP
NAME
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STREET ADDRESS
CITY, ST, ZIP
NAME
STREET ADDRESS
CITY, ST, ZIP
NAME
STREET ADDRESS
CITY, ST, ZIP

PD
ROBERTS, ALLAN B.
1660 MASTERS DRIVE
ST. AUGUSTINE FL
SD
ROBERTS, CAMILLA
1660 MASTERS DRIVE
ST. AUGUSTINE FL

☐ DELETE

☐ DELETE

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☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
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41. TITLE
42. NAME
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81. TITLE
82. NAME
83. STREET ADDRESS
84. CITY, ST, ZIP
85. TITLE
86. NAME
87. STREET ADDRESS
88. CITY, ST, ZIP
89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY, ST, ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY, ST, ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, ST, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: *Allan Roberts* ALLAN ROBERTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 904 824-1525
Date File No.

CR2E034 (12/95)