

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90015 003 ***150.00

DOCUMENT # 639020

1. Corporation Name
TERRY S. ROBERTS, INC.

Principal Place of Business
606 S.W. 2ND AVENUE
OCALA FL 32671-3640

Mailing Address
606 S.W. 2ND AVENUE
OCALA FL 32671-3640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/08/1979

4. FEI Number
59-1941980

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 P.O. Box 3008
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 3008
Suite, Apt. #, etc.

23 City & State
OCALA, FL
24 Zip 34478 25 Country MARION

28 City & State
OCALA, FL
29 Zip 34478 30 Country MARION

9. Name and Address of Current Registered Agent

ROBERTS, TERRY S
606 S.W. 2ND AVENUE
OCALA FL

10. Name and Address of New Registered Agent

81 Name DARYL L COLLIER
82 Street Address (P.O. Box Number is Not Acceptable)
PO BOX 550 N.E. 25TH AVE
83
84 City OCALA FL 85 Zip Code 34470

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 *Daryl L Collier*

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/26/99

12. OFFICERS AND DIRECTORS

TITLE PS
NAME ROBERTS, TERRY S
STREET ADDRESS 606 SW 2 AVENUE
CITY-ST-ZIP OCALA FL 34474

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Terry S Roberts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 352-622-4141
Date Daytime Phone #

CR2E034 (11/98)