

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 805119 (5)

1. Corporation Name

ROBERTS BROTHERS INCORPORATED



Principal Place of Business

Mailing Address

615 AVE. "A", N.E.
WINTER HAVEN FL 33881
US

615 AVE. "A", N.E.
WINTER HAVEN FL 33881
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 Country

28 Zip Country

3. Date Incorporated or Qualified

10/27/1939

3a. Date of Last Report

03/01/1995

4. FEI Number

52-0462160

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

THOMAS B. PUTNAM, JR.
141 5TH ST., N.W.
WINTER HAVEN FL 33883-7608

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 607.1508, 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.

(If the Registered Agent's signature is required when filing this report, it must be typed or printed.)

(If the Registered Agent's signature is required when filing this report, it must be typed or printed.)

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GOLDEN, RAYMOND L	
STREET ADDRESS	615 AVE. A. N.E.	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	C	☐ DELETE
NAME	PARKS, MILTON C.	
STREET ADDRESS	29 MEADOW ST	
CITY - ST - ZIP	NEW FREEDOM PA	
TITLE	S	☐ DELETE
NAME	GOLDEN, ELIZABETH Z	
STREET ADDRESS	615 AVE. A. N.E.	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	D	☐ DELETE
NAME	PARKS, RICHARD L.	
STREET ADDRESS	706 S SECOND ST	
CITY - ST - ZIP	DETON MD	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/96 941-293-5358

CR2E034 (3/96)