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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

805119

(5)

ROBERTS BROTHERS INCORPORATED Principal Place of Business Mailing Address 615 AVE. "A". N.E. 615 AVE. "A". N.E. WINTER HAVEN FL 33881 WINTER HAVEN FL 33681 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/27/1939 2. Principal Place of Business Mailing Address 4. FEI Number 2a. Applied For 52-0462160 Not Applicable 21 26 Suite Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible □ Үөв ☐ No 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent **B1** THOMAS B. PUTNAM, JR. 141 5TH ST., N.W. 82 Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33883-7608 83 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 II applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change TITLE 1.1 TITLE **GOLDEN, RAYMOND L** NAME 1.2 NAME 615 AVE. A. N.E. STREET ADDRESS 1.3 STREET ADDRESS WINTER HAVEN FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 THILE PARKS, MILTON C. NAME 2.2 NAME 29 MEADOW ST STREET ADDRESS 2.3 STREET ADDRESS **NEW FREEDOM PA** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE **GOLDEN, ELIZABETH Z** NAME 3.2 NAME 615 AVE. A. N.E. STREET ADDRESS 3.3 STREET ADDRESS WINTER HAVEN FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Change ☐ Addition TITLE PARKS, RICHARD L 4. 2 NAME NAME 9312 EXPOSITION DRIVE STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIF 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADORESS

14. Thereby 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.

2/14/98041-19 5358

FILED

Feb 19 1998 8:00am

Secretary of State