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**

DOCUMENT # 805119 1. Corporation Name

ROBERTS BROTHERS INCORPORATED

Principal Plac	te of Business	Mailing Address								
615 AVE. "A".		615 AVE. "A". N.E.	•							
WINTER HAVE	WINTER HAVEN FL 33881									
us us						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 10/27/1939				
—	Place of Business	2a. Mailing Address	2a. Mailing Address						Applied For	
21		26				52-0462160			Not Applicable)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				1 3 Certificate of Status Desired 1 I			Additional	
22		27				Fee Required				_
City & Stat	te	City & State				6. Election Campaign Financing \$5.00 May Be				
Zip	Country	28 Zin	<u> </u>			Trust Fund Contribution Added to Fees				
	25	Zip				8. This corporation owes the current year Ir			□м-	
24	9. Name and Address of Curre		30			Personal Property Tax. 10. Name and Address of New Registered	<u> </u>		□No	
	3. Italie and Address of Curre	iii Negistered Agent		81	Name	10. Name and Address of New Registered	Ager	ıt		┥
THO	MAS B. PUTNAM, JR.				1101110					
141 5TH ST., N.W.				82	Street Add	ress (P.O. Box Number is Not Acceptable)				
	TER HAVEN FL 33883-7608		ŀ	83						-
				55	l				`	
			İ	84	City	Fl	85	Zip	Code '	٦
11 Purcuant	to the provisions of Sections 607.050	22 and 607 1508 Florida Statuto	e the at	20140	named corr	poration submits this statement for the purpose o	_	ding it	o rogistored	4
office or r	egistered agent, or both, in the State	of Florida. Such change was au	thorized	by t	the corporation	ion's board of directors. I hereby accept the appo	intme	nt as r	egistered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flori	ida Statu	ites.		7				
SIGNATURE	Signature, typed or printed name of registered age	et and title if applicable (NOTE)	Damintarad	A a - a 1		ed when reinstating) DATE				
12.		ND DIRECTORS	13.	Ageni	I signature require	ADDITIONS/CHANGES TO OFFICERS A	ND DI	RECT	ORS IN 12	\dashv
TITLE	P	★ DELETE	1.1 ПЛ	LE		ABBITIONS OF A TOUR OF A		Change		_
NAME	GOLDEN, RAYMOND L			1.2 NAME		•	_			ĺ
STREET ADDRESS	615 AVE. A. N.E.		ŀ	1.3 STREET ADDRESS						
CITY-ST-ZIP	WINTER HAVEN FL			1.4 CITY-ST-ZIP						
TITLE	С	DELETE 2.17			-214	1 111 11 111 1111		Change	☐ Addition	ᅱ
NAME	PARKS, MILTON C.	-		2.2 NAME						
STREET ADDRESS	29 MEADOW ST	OO MEADOW OT			ADDRESS					
CITY-ST-ZIP	NEW FREEDOM PA		2.4 CII							
TITLE			3.1 TITI		-21	· · · · · · · · · · · · · · · · · · ·		Change	Addition	; −
NAME ,	Golden, Elizabeth z		3.2 NAJ				`	95	L.,, 1 1000001	
STREET ADDRESS	615 AVE. A. N.E.				ADDRESS				•	
CITY-ST-ZIP	WINTER HAVEN FL		3.4. CIT							1
TITLE	D	☐ DELETE	4.1 TITI		-EIF	· · · · · · · · · · · · · · · · · · ·	П	Change	☐ Addition	1
NAME	PARKS, RICHARD L	_ " -	4. 2 NA							
STREET ADDRESS	9312 EXPOSITION DRIVE				ADDRESS				•	
CITY-ST-ZIP	TAMPA FL		4.4 CIT			:				
TITLE		☐ DELETE	5.1 TITL		-215			Change	☐ Addition	1
NAME		—	5.2 NAM				٠, ب	95		
STREET ADDRESS					ADDRESS		• •	*		1
CITY-ST-ZIP			5.4 CIT							1
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	6.1 TITL					hange	☐ Addition	1
NAME	7)		6.2 NAA	ИE						
STREET ADDRESS	" ".				ADDRESS					

I hereby certay 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.

6.4 CITY-ST-ZIP

FILED

Feb 18, 1999 8:00am

Secretary of State

02-18-1999 90113 039 ***150.00