

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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90004 016 ***300.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 818455

1. Corporation Name
ROBERT AND COMPANY



Principal Place of Business 96 POPLAR ST NORTH WEST ATLANTA GA 30335	Mailing Address 96 POPLAR ST NORTH WEST ATLANTA GA 30335
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 01/26/1965		4. FEI Number 58-0404938		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent		
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		
83		84 City		
		85 Zip Code		FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	TDC	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	V
NAME	ROBERT, L W, IV	1.2 NAME	LARRY T. BEASLEY
STREET ADDRESS	96 POPLAR ST. NW	1.3 STREET ADDRESS	96 POPLAR ST. NW
CITY-ST-ZIP	ATLANTA, GA 00000	1.4 CITY-ST-ZIP	ATLANTA, GA 30335
TITLE <input type="checkbox"/> DELETE	PSD	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLUTZ, M.K.	2.2 NAME	
STREET ADDRESS	96 POPLAR ST. NW	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 00000	2.4 CITY-ST-ZIP	ATLANTA, GA 30335
TITLE <input checked="" type="checkbox"/> DELETE	VD	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	J. C. DEAN	3.2 NAME	
STREET ADDRESS	96 POPLAR ST., NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	V	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	R. P. BENSON	4.2 NAME	
STREET ADDRESS	96 POPLAR ST., NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 information empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (11/98)