

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

PROFIT CORPORATION ANNUAL REPORT



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

AMENDMENT

FILED

99 NOV 23 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 818455

1. Corporation Name
ROBERT AND COMPANY

Principal Place of Business Mailing Address
96 POPLAR ST NORTH WEST 96 POPLAR ST NORTH WEST
ATLANTA GA 30335 ATLANTA GA 30335

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/26/1965	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-0404938	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				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 _____ 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	TDC	<input type="checkbox"/> DELETE	1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit		
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	PSD	<input type="checkbox"/> DELETE	2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit		
NAME	KLUTTZ, 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	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit		
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	V	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit		
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	VD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit		
NAME	M. LEAF		5.2 NAME				
STREET ADDRESS	96 POPLAR ST., NW		5.3 STREET ADDRESS				
CITY-ST-ZIP	ATLANTA, GA 30335		5.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit		
NAME	R. A. MAYS		6.2 NAME				
STREET ADDRESS	96 POPLAR ST. NW		6.3 STREET ADDRESS				
CITY-ST-ZIP	ATLANTA, GA 30335		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 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 all other officers and directors empowered to execute this report.

SIGNATURE: *[Handwritten Signature]*