

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**

59 MAY - 1 1996
TAMPA, FLORIDA

DOCUMENT # F57959 1. Corporation Name ROBERTS & CLINE, INC.	(1)
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Principal Office of Business 5405 CYPRESS CENTER DR #250 TAMPA FL 33609	Mailing Address 5405 CYPRESS CENTER DR #250 TAMPA FL 33609
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DO NOT WRITE IN THIS SPACE

2. Principal Office of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip		3. Date Incorporated or Qualified 12/10/1981	3a. Date of Last Report 04/27/1994
4. FID Number 59-2294034		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation has liability for campaign financing under the Florida Statutes ☐ Yes ☐ No		8. Florida Statutes			

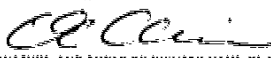
9. Name and Address of Current Registered Agent NEUKAMM, JOHN 101 E KENNEDY BLVD SUITE 2400 TAMPA FL 33602-2107				10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code	
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11. Pursuant to the provisions of Sections 607.01(2) 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	D CLINE, CLINT E 11703 DOUGLAS LANE SEFFNER FL 33584	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, STATE, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	PSTD ROBERTS, DEANNE D 3528 VILLAGE WAY TAMPA FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, STATE, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	D DENHAM, THOMAS E 603 ROSEMARIE AVE. BRANDON FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, STATE, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	D BONSIGNORI, KAREN 9715 FREDERICKSBURG ROAD TAMPA FL 33635	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, STATE, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP	D DEWEY, ELIZABETH D 2127 MINNEHAHA TAMPA FL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, STATE, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, STATE, ZIP		1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, STATE, ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is not supplied for the reasons stated in Sections 607.01(2) and 607.1508, Florida Statutes. I further certify that the information included 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 registered agent or authorized person to make the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:  **CLINTON E. CLINE** 4/27/95 (813)281-0088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR