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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F57959 (1)

1. Corporation Name
ROBERTS COMMUNICATIONS & MARKETING, INC.

Principal Place of Business
5405 CYPRESS CENTER DR #250
TAMPA FL 33609

Mailing Address
5405 CYPRESS CENTER DR #250
TAMPA FL 33609-1025



3. Date Incorporated or Qualified 12/10/1981
3a. Date of Last Report 05/01/1996

4. FEI Number 59-2294034
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEUKAMM, JOHN
101 E KENNEDY BLVD
SUITE 2400
TAMPA FL 33602-2107

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME HUGGINS, JUDY O
STREET ADDRESS 3348 CAMELOT DRIVE APT. A
CITY-ST-ZIP LARGO FL 34641

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PSTD ☐ DELETE
NAME ROBERTS, DEANNE D
STREET ADDRESS 3528 VILLAGE WAY
CITY-ST-ZIP TAMPA FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME DENHAM, THOMAS E
STREET ADDRESS 603 ROSEMARIE AVE.
CITY-ST-ZIP BRANDON FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BONSIGNORI, KAREN
STREET ADDRESS 9715 FREDERICKSBURG ROAD
CITY-ST-ZIP TAMPA FL 33635

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 570 WEST MAIN ST
4.4 CITY-ST-ZIP AVON, MS 02322

TITLE D ☐ DELETE
NAME DEWEY, ELIZABETH D
STREET ADDRESS 2127 MINNEHAHA
CITY-ST-ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)