

ANNUAL REPORT
1995

Secretary of State
DIVISION OF CORPORATIONS

95 MAY -1 AM 3:23

DOCUMENT # G38003

(1)

1. Corporation Name

J. H. ROBERTS, JR., P.A.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/11/1983

3a. Date of Last Report

01/24/1994

4. FEI Number

59-2281308

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

Principal Place of Business

Mailing Address

1125 US 90 SOUTH

1125 US 90 SOUTH

PO BOX 177

PO BOX 177

LAKELAND FL 33802

LAKELAND FL 33802

2. Principal Place of Business

2a. Mailing Address

21 1446 Oaklawn Place

26 1446 Oaklawn Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Lakeland FL

28 Lakeland FL

Zip

33803

Country

USA

Zip

33803

Country

USA

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, J. H., JR.

1125 US 90 SOUTH

LAKELAND FL 33802

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1446 Oaklawn Place

83

84 City

Lakeland

FL

85 Zip Code

33803

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 of registered agent and, if applicable,

J. H. Roberts, Jr., Pres. & Reg. Agent

(NOTE: Registered Agent signature required when registering)

4/26/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

OPS

ROBERTS, J H, JR

1446 OAKLAWN PLACE

LAKELAND FL

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 added, or on an attachment with an address.

SIGNATURE:

[Signature]

J. H. Roberts, Jr., Pres.

4/26/95

813-616-9312

(Type or print name of signing officer or director)

(Date)

(Telephone Number)