

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **34997** (8)  
1. Corporation Name **ROBERT AND COMPANY OF FLORIDA**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		12/20/1984		04/28/1995	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number		Applied For	
23. City & State		28. City & State		59-2469692		Not Applicable	
24. Zip		25. Country		29. Zip		30. Country	
5. Certificate of Status Desired				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Certificate of Status Desired				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCOBT	] DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBERT, L.W. IV			1.2 NAME			
STREET ADDRESS	96 POPLAR STREET, NW			1.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30335			1.4 CITY-ST-ZIP			
TITLE	DSVP	] DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEAN, J.C.			2.2 NAME			
STREET ADDRESS	96 POPLAR STREET, NW			2.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30335			2.4 CITY-ST-ZIP	600001838316		
TITLE	DVP	] DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COTHRAN, J.R.			3.2 NAME	05/24/96 01034-013		
STREET ADDRESS	96 POPLAR STREET, NW			3.3 STREET ADDRESS	***200.00		
CITY-ST-ZIP	ATLANTA, GA 30335			3.4 CITY-ST-ZIP			
TITLE		] DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	DPS		
STREET ADDRESS				4.3 STREET ADDRESS	KLUTTZ, M.K.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	96 POPLAR STREET, NW ATLANTA, GA 30335		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	VP		
STREET ADDRESS				5.3 STREET ADDRESS	HENDERSON, J.W.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	96 POPLAR STREET, NW ATLANTA, GA 30335		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	AS		
STREET ADDRESS				6.3 STREET ADDRESS	WHITMAN, SANDRA		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	96 POPLAR STREET, NW ATLANTA, GA 30335		

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 119.07(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 changed, or on an attachment with an address.

SIGNATURE: *Michael Kluttz* 4-29-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: the First #