

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

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**May 09 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 # H34997 (7)**  
1. Corporation Name  
**ROBERT AND COMPANY OF FLORIDA**



Principal Place of Business  
**96 POPLAR ST. NW  
ATLANTA GA 30335**

Mailing Address  
**96 POPLAR ST. NW  
ATLANTA GA 30335-6000**

3. Date Incorporated or Qualified <b>12/20/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2469692</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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

TITLE	<b>D&amp;CT</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBERT, L. W. IV</b>	
STREET ADDRESS	<b>96 POPLAR ST. NW</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30335</b>	
TITLE	<b>DSVP</b>	<input type="checkbox"/> DELETE
NAME	<b>DEAN, J. C.</b>	
STREET ADDRESS	<b>96 POPLAR ST. NW</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30335</b>	
TITLE	<b>DVP</b>	<input type="checkbox"/> DELETE
NAME	<b>COTHRAN, J. R.</b>	
STREET ADDRESS	<b>96 POPLAR ST. NW</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30335</b>	
TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>KLUTZ, M.K.</b>	
STREET ADDRESS	<b>96 POPLAR ST. NW</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30335</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>HENDERSON, J.W.</b>	
STREET ADDRESS	<b>96 POPLAR ST. NW</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30335</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITMAN, SANDRA</b>	
STREET ADDRESS	<b>96 POPLAR ST. NW</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30335</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DCT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROBERT, L.W. IV</b>	
1.3 STREET ADDRESS	<b>96 POPLAR ST. NW</b>	
1.4 CITY-ST-ZIP	<b>ATLANTA, GA 30335</b>	
2.1 TITLE	<b>DVP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DEAN, J.C.</b>	
2.3 STREET ADDRESS	<b>96 POPLAR ST. NW</b>	
2.4 CITY-ST-ZIP	<b>ATLANTA, GA 30335</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 a 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]* **L.W. ROBERT, IV** APRIL 29, 1997 (404) 577-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)