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FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90004 016 ***300.00



FLORIDA DEPARTMENT OF STATE
Katharine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # H34997

1. Corporation Name
ROBERT AND COMPANY OF FLORIDA



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/20/1984

4. FEI Number **59-2469692** 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 owes the current year Intangible Personal Property Tax. 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. 29. 30.

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

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

| | | |
|----------------|------------------|--|
| TITLE | DCT | <input type="checkbox"/> DELETE |
| NAME | ROBERT, L. W. IV | |
| STREET ADDRESS | 96 POPLAR ST. NW | |
| CITY-ST-ZIP | ATLANTA GA | |
| TITLE | DVP | <input checked="" type="checkbox"/> DELETE |
| NAME | DEAN, J. C. | |
| STREET ADDRESS | 96 POPLAR ST. NW | |
| CITY-ST-ZIP | ATLANTA GA | |
| TITLE | DVP | <input type="checkbox"/> DELETE |
| NAME | COTHRAN, J. R. | |
| STREET ADDRESS | 96 POPLAR ST. NW | |
| CITY-ST-ZIP | ATLANTA GA 30335 | |
| TITLE | DPS | <input type="checkbox"/> DELETE |
| NAME | KLUTTZ, M.K. | |
| STREET ADDRESS | 96 POPLAR ST. NW | |
| CITY-ST-ZIP | ATLANTA GA 30335 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HENDERSON, J.W. | |
| STREET ADDRESS | 96 POPLAR ST. NW | |
| CITY-ST-ZIP | ATLANTA GA 30335 | |
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | WHITMAN, SANDRA | |
| STREET ADDRESS | 96 POPLAR ST. NW | |
| CITY-ST-ZIP | ATLANTA GA 30335 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 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 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, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/98)