

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

FILED  
Apr 17 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 # J22140

(4)

1. Corporation Name

ROBERTS ENTERPRISES, INC.

Principal Place of Business

3234 N.E. 24TH ST.  
OCALA FL 34470  
US

Mailing Address

P.O. BOX 100  
SILVER SPRINGS FL 34489-0100  
US



3. Date Incorporated or Qualified

06/30/1986

3a. Date of Last Report

05/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2721263

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBB, HERBERT M  
4400-E NW 23RD AVE  
GAINESVILLE FL 32605

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 P  
NAME ROBERTS, WILLIAM H JR  
STREET ADDRESS P.O. BOX 142 N/A  
CITY-ST-ZIP SILVER SPRINGS FL 34489

☐ DELETE

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

☐ Change

☐ Addition

TITLE S  
NAME ROBERTS, NANCY  
STREET ADDRESS P.O. BOX 142 N/A  
CITY-ST-ZIP SILVER SPRINGS FL 34489

☐ DELETE

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

☐ Change

☐ Addition

TITLE V  
NAME ROBERTS, BENJAMIN  
STREET ADDRESS 5151 SE 44TH RD  
CITY-ST-ZIP Ocala FL 34480

☐ DELETE

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

☐ Change

☐ Addition

TITLE V  
NAME ROBERTS, VERNON  
STREET ADDRESS 1132 SE 185TH AVENUE  
CITY-ST-ZIP SILVER SPRINGS FL 34488

☐ DELETE

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

☐ Change

☐ Addition

TITLE V  
NAME ROBERTS, WILLIAM H III  
STREET ADDRESS 14 SPRING LOOP CIRCLE  
CITY-ST-ZIP Ocala FL 34472

☐ DELETE

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

☐ Change

☐ Addition

TITLE VP  
NAME ROBERTS, JERRY L  
STREET ADDRESS 1035 WEST OLIVE STREET  
CITY-ST-ZIP LAKELAND FL

☐ DELETE

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

☒ Change

☐ Addition

950 TAVARES RD.  
POLK CITY FL 33868

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

1/20/97

352-732-0888

0442252

CR2E034 (9/96)