

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0111391

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED

99 JUL 29 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J22140
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
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/30/1986

4. FEI Number
59-2721263

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. Yes No

9. Name and Address of Current Registered Agent
WEBB, HERBERT M
4400-E NW 23RD AVE
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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

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

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

TITLE V
NAME ROBERTS, VERNON
STREET ADDRESS 1132 SE 165TH AVENUE
CITY-ST-ZIP SILVER SPRINGS FL 34488

TITLE V
NAME ROBERTS, WILLIAM H III
STREET ADDRESS 4580 S E 36TH AVE
CITY-ST-ZIP OCALA FL 34480

TITLE VP
NAME ROBERTS, JERRY L
STREET ADDRESS 950 TAVARES RD
CITY-ST-ZIP POLK CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE
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.

SIGNATURE: V. M. Roberts V.P. 14 JUL 99 312-7720686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)



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July 20, 1999

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www.abundantfunds.com

Annual Report Section
P O Box 1500
Tallahassee, FL 32302-1500

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Re: Document # J22140

To Whom It May Concern:

This letter is pursuant to a phone call with Kathy today, in which she suggested I explain the circumstances of our non-compliance of payment, of the Annual Report and request a waiver of the penalty.

Roberts Enterprises, Inc., provides the following information:

- A. I am a new General Manager and was not aware of receiving a notice for payment of corporation fees.
- B. Our company is a seasonal employment business, dealing primarily with Christmas greeting cards, gift-wrap, etc. Our former bookkeeper left in mid-November, which required us to appoint an interim bookkeeper in the midst of a very hectic season.
- C. The interim bookkeeper is not aware that this form was received, even though your records indicate it was not returned to you.
- D. The corporation was formed in 1986 and to my knowledge has not had a violation in the past.

Will you please accept our check in the amount of \$150.00, check number 15089, and waive the penalty? Please feel free to call me at 1-800-766-9177 if you are in need of any further information. Thanking you in advance for your consideration.

Sincerely,

EmBree H. Bolton

EmBree H. Bolton
General Manager

cc: William H. Roberts, President