

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90083 023 ***150.00

DOCUMENT # **K46482**

1. Corporation Name

ROBERSON ENTERPRISES, INC.



Principal Place of Business

770 W GRANADA BLVD
SUITE 309
ORMOND BEACH FL 32127
US

Mailing Address

770 W GRANADA BLVD
SUITE 309
ORMOND BEACH FL 32127
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1988

4. FEI Number

59-2917773

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

21 1121 N Halifax
Suite, Apt. #, etc.

2a. Mailing Address

26 1121 N Halifax
Suite, Apt. #, etc.

22 City & State

23 Daytona Beach, FL
Zip Country

27 City & State

28 Daytona Beach, FL
Zip Country

24 32118

25 USA

29 32118

30 USA

9. Name and Address of Current Registered Agent

HAND, JACK G JR
200 W FORSYTH ST
SUITE 1000
JACKSONVILLE FL 32202

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

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	<input checked="" type="checkbox"/> DELETE
NAME	ROBERSON, HELENE B.	
STREET ADDRESS	406 OAK PLACE	
CITY-ST-ZIP	PT. ORANGE FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	ROSS, KIMBALL K.	
STREET ADDRESS	1 OCEANS WEST BLVD 8B3	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	HIPPE, STEVEN H	
STREET ADDRESS	8135 FORSYTH BLVD	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBERSON, HELENE B	
STREET ADDRESS	770 W GRANADA BLVD	
CITY-ST-ZIP	ORMOND BEACH FL 32127	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Helene B Roberson
4.3 STREET ADDRESS	1121 N Halifax
4.4 CITY-ST-ZIP	Daytona Beach, FL 32118
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:

Helene B Roberson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Helene B Roberson 2/16/99 904-676-2211

Date

Daytime Phone #

CR2E034 (11/98)