

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K46928 (3)

1. Corporation Name
ROBALL, INC.

Principal Place of Business

% DEL G. POTTER
308 EAST FIFTH AVENUE
MOUNT DORA FL 32757

Mailing Address

% DEL G. POTTER
308 EAST FIFTH AVENUE
MOUNT DORA FL 32757-5681



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

3. Date Incorporated or Qualified

11/22/1988

3a. Date of Last Report

04/24/1996

4. FEI Number

59-2019988

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

POTTER, DEL G.
308 EAST FIFTH AVENUE
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

#1 Name

#2 Street Address (P.O. Box Number is Not Acceptable)

#3

#4 City

FL

#5 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: VD
NAME: ROBERSON, ROBERT
STREET ADDRESS: BOX 1137
CITY-ST-ZIP: ZELLWOOD FL

☐ DELETE

TITLE: PD
NAME: DUVALL, WILLIAM
STREET ADDRESS: 150 RACHEL LANE
CITY-ST-ZIP: EUSTIS FL

☐ DELETE

TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-ST-ZIP: ☐ DELETE

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TITLE: ☐ DELETE
NAME: ☐ DELETE
STREET ADDRESS: ☐ DELETE
CITY-ST-ZIP: ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: VD
1.2 NAME: Roberson, Robert
1.3 STREET ADDRESS: 3217 Round Lake Rd.
1.4 CITY-ST-ZIP: Zellwood, FL 32798

☒ Change ☐ Addition

2.1 TITLE: ☐ Change ☐ Addition
2.2 NAME: ☐ Change ☐ Addition
2.3 STREET ADDRESS: ☐ Change ☐ Addition
2.4 CITY-ST-ZIP: ☐ Change ☐ Addition

3.1 TITLE: ☐ Change ☐ Addition
3.2 NAME: ☐ Change ☐ Addition
3.3 STREET ADDRESS: ☐ Change ☐ Addition
3.4 CITY-ST-ZIP: ☐ Change ☐ Addition

4.1 TITLE: ☐ Change ☐ Addition
4.2 NAME: ☐ Change ☐ Addition
4.3 STREET ADDRESS: ☐ Change ☐ Addition
4.4 CITY-ST-ZIP: ☐ Change ☐ Addition

5.1 TITLE: ☐ Change ☐ Addition
5.2 NAME: ☐ Change ☐ Addition
5.3 STREET ADDRESS: ☐ Change ☐ Addition
5.4 CITY-ST-ZIP: ☐ Change ☐ Addition

6.1 TITLE: ☐ Change ☐ Addition
6.2 NAME: ☐ Change ☐ Addition
6.3 STREET ADDRESS: ☐ Change ☐ Addition
6.4 CITY-ST-ZIP: ☐ Change ☐ Addition

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: ROBERT ROBERSON

4-8-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0009822

CR2E034 (9/96)