

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

FILED

**May 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L17431 (2)

1. Corporation Name
ROBERTS & BLACKBURN, INC.



Principal Place of Business: 1919 COURTNEY DR. 5 FT. MYERS FL 33901 US

Mailing Address: 1919 COURTNEY DR. 5 FT. MYERS FL 33901-8018 US

3. Date Incorporated or Qualified: 09/19/1989

3a. Date of Last Report: 04/30/1996

4. FEI Number: 65-0147115

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

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. Zip Country

25. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**BLACKBURN, GRADY T
1752 COLONIAL BLVD.
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name: **Blackburn, Grady T.**

82 Street Address (P.O. Box Number is Not Acceptable): **1919-5 Courtney Dr.**

83

84 City: **Ft. Myers** FL 85 Zip Code: **33901-8018**

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 conditions of Section 607.0505, Florida Statutes.

SIGNATURE: *Grady T. Blackburn* DATE: **5/9/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	BLACKBURN, GRADY T.	
STREET ADDRESS	1752 COLONIAL BLVD	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Blackburn, Grady T.	
1.3 STREET ADDRESS	1919-5 Courtney Dr.	
1.4 CITY-ST-ZIP	Ft. Myers, FL 33901	
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 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 to this address.

SIGNATURE: **Grady T. Blackburn** *Grady T. Blackburn* DATE: **4-21-97** DAYTIME PHONE: **841-275-8485**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)