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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L40732**

1. Corporation Name

ROBERTS, ROBERTS & ROBERTS, P.A.

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90049 041 ***150.00



Principal Place of Business 8574 30TH AVENUE NORTH ST. PETERSBURG FL 33710 Mailing Address 8574 30TH AVENUE NORTH ST. PETERSBURG FL 33710 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/08/1990 4. FEI Number 01/08/1990 4. FEI Number 01/08/1990 4. FEI Number 01/08/1990 5. Certificate of Status Desired 22 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 Suite, Apt. #, etc. 24 Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 Suite, Apt. #, etc. 24 Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 Suite, Apt. #, etc. 24 Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 Suite, Apt. #, etc. 24 Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 Suite, Apt. #, etc. 24 Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 Suite, Apt. #, etc. 24 Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 28 Suite, Apt. #, etc. 29 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 20 Suite, Apt. #, etc. 21 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 Suite, Apt. #, etc. 24 Suite, Apt. #, etc. 25 Suite, Apt. #, etc. 26 Suite, Apt. #, et
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Trust Fund Contribution Added to Fees
Zip Country Zip Country Zip Country Zip Country S. This corporation owes the current year Intangible Personal Property Tax. Yes No
24 25 29 30 Personal Property Tax.
9. Name and Address of Current Registered Agent ROBERTS, CALVIN C 6574 30TH AVE., N. ST. PETERSBURG FL 33710 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1: TITLE PD ROBERTS, CALVIN C. STREET ADDRESS 6574 30TH AVENUE NORTH 1.3 STREET ADDRESS GTV-ST-ZIP ST. PETERSBURG FL 1.4 CITY-ST-ZIP
ROBERTS, CALVIN C 6574 30TH AVE., N. ST. PETERSBURG FL 33710 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 registere of 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 1: TITLE PD ROBERTS, CALVIN C. STREET ADDRESS CITY-S1-ZIP ST. PETERSBURG FL 1.3 STREET ADDRESS CITY-S1-ZIP ST. PETERSBURG FL
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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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP