

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L43663** (8)

1. Corporation Name

**T. ROBERTS & SONS, INC.**



Principal Place of Business

**C/O TIMOTHY R. ROBERTS  
13045 ALOHA CIRCLE  
PUNTA GORDA FL 33955**

Mailing Address

**C/O TIMOTHY R. ROBERTS  
13045 ALOHA CIRCLE  
PUNTA GORDA FL 33955**

3. Date Incorporated or Qualified  
**01/16/1990**

3a. Date of Last Report  
**02/02/1995**

4. FEI Number  
**65-0164846**

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

21. Principal Place of Business

**13045 Aloha Circle**  
Suite, Apt. #, etc.

22. Mailing Address

**13045 Aloha Circle**  
Suite, Apt. #, etc.

City & State

**Punta Gorda Fla**

City & State

**Punta Gorda Fla**

Zip

**33955**

Country

**Charlotte**

Zip

**33955**

Country

**Charlotte**

9. Name and Address of Current Registered Agent

**ROBERTS, TIMOTHY R.  
13045 ALOHA CIRCLE  
PUNTA GORDA FL 33955**

10. Name and Address of New Registered Agent

81. Name

**None**

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 the corporation)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<input type="checkbox"/> DELETE 11.1 NAME <b>D ROBERTS, TIMOTHY R.</b> 11.2 STREET ADDRESS <b>13045 ALOHA CIRCLE</b> 11.3 CITY-STATE-ZIP <b>PUNTA GORDA FL</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE <b>12 NAME</b> 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP
<input type="checkbox"/> DELETE 21.1 NAME 21.2 STREET ADDRESS 21.3 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE <b>22 NAME</b> 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP
<input type="checkbox"/> DELETE 31.1 NAME 31.2 STREET ADDRESS 31.3 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE <b>32 NAME</b> 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP
<input type="checkbox"/> DELETE 41.1 NAME 41.2 STREET ADDRESS 41.3 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE <b>42 NAME</b> 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP
<input type="checkbox"/> DELETE 51.1 NAME 51.2 STREET ADDRESS 51.3 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE <b>52 NAME</b> 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP
<input type="checkbox"/> DELETE 61.1 NAME 61.2 STREET ADDRESS 61.3 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE <b>62 NAME</b> 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Timothy R. Roberts - Timothy**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERTS 1-28-96**

**941-637-1703**

CR2E034 (12/95)