

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

FILED
Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L55092**

1. Corporation Name
J. R. R. ROBERTS & SON FLOORING, INC.

Principal Place of Business 6626 1st. ST. NORTH ST. PETERSBURG, FL. 33702	Mailing Address 6626 1st. ST. NORTH ST. PETERSBURG, FL. 33702
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2. Principal Place of Business 21 State And. #, etc. 22 City & State 23 Zip 24 Country PINELLAS	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country PINELLAS
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3. Date Incorporated or Qualified 03-02-90	3a. Date of Last Report
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4. FEI Number 59-2999731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name BILLY M. SHAW
82 Street Address (P.O. Box Number is Not Acceptable) 550 N. REO ST., SUITE 300
83
84 City TAMPA
85 Zip Code FL 33609-1013

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]* DATE **4-23-97**

12. OFFICERS AND DIRECTORS

1.1 NAME P ELAINE J. ROBERTS	<input type="checkbox"/> DELETE
1.2 STREET ADDRESS 6626 1st. ST. NORTH	
1.3 CITY- ST- ZIP ST. PETERSBURG, FL. 33702	
2.1 NAME	<input type="checkbox"/> DELETE
2.2 STREET ADDRESS	
2.3 CITY- ST- ZIP	
3.1 NAME	<input type="checkbox"/> DELETE
3.2 STREET ADDRESS	
3.3 CITY- ST- ZIP	
4.1 NAME	<input type="checkbox"/> DELETE
4.2 STREET ADDRESS	
4.3 CITY- ST- ZIP	
5.1 NAME	<input type="checkbox"/> DELETE
5.2 STREET ADDRESS	
5.3 CITY- ST- ZIP	
6.1 NAME	<input type="checkbox"/> DELETE
6.2 STREET ADDRESS	
6.3 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	<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 or on an attachment with an address.

SIGNATURE: *[Signature]* **ELAINE J ROBERTS** DATE: **4/23/97** DAYTIME PHONE: **813-525-9851**

CR2E034 (9/96)