

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M98155** (8)
1. Corporation Name
THE ROBERTS GROUP, INC.



Principal Place of Business: **6351 PELICAN BAY BLVD., SUITE 17 NAPLES FL 33963**
Mailing Address: **6351 PELICAN BAY BLVD., SUITE 17 NAPLES FL 33963**

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: **09/13/1988**
3a. Date of Last Report: **02/17/1995**
4. FEI Number: **65-0074765**
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

**KIRKENDALL, ROBERT K.
6351 PELICAN BAY BLVD., SUITE 17
NAPLES FL 33963**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.07(2) 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, Sections 607.07(2) and 607.1508, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP KIRKENDALL, ROBERT K. 6351 PELICAN BAY BLVD 17 NAPLES FL	1. TITLE 12. NAME 13. STREET ADDRESS 14. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DST KIRKENDALL, GAIL R. 6351 PELICAN BAY BLVD 17 NAPLES FL	2. TITLE 22. NAME 23. STREET ADDRESS 24. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KIRKENDALL, R SCOTT 16114 WALDEN POND LANE CHESTERFIELD MO	3. TITLE 32. NAME 33. STREET ADDRESS 34. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KIRKENDALL, J DAVID 701 HARBOR HOUSE DRIVE MADISON WI	4. TITLE 42. NAME 43. STREET ADDRESS 44. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	5. TITLE 52. NAME 53. STREET ADDRESS 54. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> DELETE	6. TITLE 62. NAME 63. STREET ADDRESS 64. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 19.07(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 (1) Deleted, or in an addition with an address.

SIGNATURE: *R. K. Kirkendall* **Robert Kirkendall** 3/13/96 913-351-1286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)