

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 DP	KIRKENDALL, ROBERT K. 6351 PELICAN BAY BLVD 17 NAPLES FL	1. TITLE DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DST	KIRKENDALL, GAIL R. 6351 PELICAN BAY BLVD 17 NAPLES FL	2. TITLE DST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	KIRKENDALL, R SCOTT 16114 WALDEN POND LANE CHESTERFIELD MO	3. TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	KIRKENDALL, J DAVID 701 HARBOR HOUSE DRIVE MADISON WI	4. TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		7. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		8. TITLE	<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 thereto 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)