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Jan 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

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



Principal Place of Business Mailing Address  
**6351 PELICAN BAY BLVD., SUITE 17  
NAPLES FL 33963** **6351 PELICAN BAY BLVD., SUITE 17  
NAPLES FL 34108-8100**

3. Date Incorporated or Qualified **09/13/1988** 3a. Date of Last Report **03/18/1996**  
4. FEI Number **65-0074765** 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

2. Principal Place of Business 2a. Mailing Address  
21 **8675 West 96th Street** 26 **8675 West 96th Street**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 207** 27 **Suite 207**  
City & State City & State  
23 **Overland Park, KS** 28 **Overland Park, KS**  
Zip Country Zip Country  
24 **66212** 25 **USA** 29 **66212** 30 **USA**

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 **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 **Robert K. Kirkendall President** DATE **01/14/97**  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>KIRKENDALL, ROBERT K.</b>
STREET ADDRESS	<b>6351 PELICAN BAY BLVD 17</b>
CITY - ST - ZIP	<b>NAPLES FL</b>
TITLE	<b>DST</b> <input type="checkbox"/> DELETE
NAME	<b>KIRKENDALL, GAIL R.</b>
STREET ADDRESS	<b>6351 PELICAN BAY BLVD 17</b>
CITY - ST - ZIP	<b>NAPLES FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KIRKENDALL, R SCOTT</b>
STREET ADDRESS	<b>16114 WALDEN POND LANE</b>
CITY - ST - ZIP	<b>CHESTERFIELD MO</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KIRKENDALL, J DAVID</b>
STREET ADDRESS	<b>701 HARBOR HOUSE DRIVE</b>
CITY - ST - ZIP	<b>MADISON WI</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Robert K. Kirkendall</b>
1.3 STREET ADDRESS	<b>10076 Hemlock Drive</b>
1.4 CITY - ST - ZIP	<b>Overland Park, KS 66212</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Kirkendall, Gail R.</b>
2.3 STREET ADDRESS	<b>10076 Hemlock Drive</b>
2.4 CITY - ST - ZIP	<b>Overland Park, KS 66212</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Kirkendall, R Scott</b>
3.3 STREET ADDRESS	<b>934 Claybend Drive</b>
3.4 CITY - ST - ZIP	<b>Ballwin, MO 63011</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Kirkendall, J David</b>
4.3 STREET ADDRESS	<b>109 Harrogate Drive</b>
4.4 CITY - ST - ZIP	<b>Waukesha, WI 53188</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 reports 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 as an attachment with an address.

SIGNATURE: *Gail R. Kirkendall* **GAIL R. Kirkendall Director 01/14/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)