

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

FILED

Jan 24 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 # P03299 (5)

1. Corporation Name  
ROBERDS, INC.

Principal Place of Business  
1100 E. CENTRAL AVENUE  
WEST CARROLLTON OH 45449-1888  
US

Mailing Address  
1100 E. CENTRAL AVENUE  
WEST CARROLLTON OH 45449-1812  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
09/07/1984

3a. Date of Last Report  
02/02/1996

4. FEI Number

31-0801335

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

9. Name and Address of Current Registered Agent

BERNUCCA, LOUIS F  
4465 GANDY BOULEVARD  
TAMPA FL 33611

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, 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 the agent for the corporation.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME FLETCHER, KENNETH W  
STREET ADDRESS 1100 EAST CENTRAL AVENUE  
CITY-ST-ZIP DAYTON OH 45449

TITLE D  
NAME WRIGHT, DONALD C  
STREET ADDRESS 1100 EAST CENTRAL AVENUE  
CITY-ST-ZIP DAYTON OH 45449

TITLE VTSD  
NAME WILSON, ROBERT M  
STREET ADDRESS 1100 EAST CENTRAL AVENUE  
CITY-ST-ZIP DAYTON OH 45449

TITLE P  
NAME BERNUCCA, LOUIS F  
STREET ADDRESS 1100 EAST CENTRAL AVENUE  
CITY-ST-ZIP DAYTON OH

TITLE V  
NAME VAN AUTREVE, MICHAEL  
STREET ADDRESS 1100 EAST CENTRAL AVENUE  
CITY-ST-ZIP DAYTON OH 45449

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE MICHAEL E. RAY - P  
4.2 NAME 4465 GANDY BLVD.  
4.3 STREET ADDRESS TAMPA, FL 33611  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)