

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 20 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000073386 (3)**

1. Corporation Name

**ROBERTS & LANGSTON ENTERPRISES, INC.**

Principal Place of Business

**HWY 375 SOUTH  
SOPCHOPPY FL 32358**

Mailing Address

**HWY 375 SOUTH  
SOPCHOPPY FL 32358**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**10/22/1993**

3a. Date of Last Report

**04/04/1994**

4. FEI Number

**59-3227892**

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 ss. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

**21**

Suite, Apt. #, etc.

**22**

City & State

**23**

Zip

Country

**24**

**25**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip

Country

**29**

**32358**

**30**

**USA**

9. Name and Address of Current Registered Agent

**ROBERTS, EDDIE E  
HIGHWAY 375 SOUTH  
SOPCHOPPY FL 32358**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**5707 LaFrance Road**

83

84 City

**Tallahassee**

**FL**

85 Zip Code

**32310**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**D**

NAME

**ROBERTS, EDDIE E**

STREET ADDRESS

**5707 LAFRANCE RD.**

CITY - ST - ZIP

**TALLAHASSEE FL 32310**

TITLE

**D**

NAME

**ROBERTS, ERNESTINE M**

STREET ADDRESS

**5707 LAFRANCE RD.**

CITY - ST - ZIP

**TALLAHASSEE FL 32310**

TITLE

**D**

NAME

**LANGSTON, RONALD I**

STREET ADDRESS

**PO BOX 242 N/A**

CITY - ST - ZIP

**SOPCHOPPY FL 32358**

TITLE

**D**

NAME

**LANGSTON, KATHLEEN R**

STREET ADDRESS

**PO BOX 242 N/A**

CITY - ST - ZIP

**SOPCHOPPY FL 32358**

TITLE

**D**

NAME

**LANGSTON, KATHLEEN R**

STREET ADDRESS

**PO BOX 242 N/A**

CITY - ST - ZIP

**SOPCHOPPY FL 32358**

TITLE

**D**

NAME

**LANGSTON, KATHLEEN R**

STREET ADDRESS

**PO BOX 242 N/A**

CITY - ST - ZIP

**SOPCHOPPY FL 32358**

TITLE

**D**

NAME

**LANGSTON, KATHLEEN R**

STREET ADDRESS

**PO BOX 242 N/A**

CITY - ST - ZIP

**SOPCHOPPY FL 32358**

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

4.2 NAME

4.3 STREET ADDRESS

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: Ronald I. Langston  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 April 1995 (904) 962-7851  
Date Signature