

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000073386 (3)

1. Corporation Name

ROBERTS & LANGSTON ENTERPRISES, INC.



Principal Place of Business

HWY 375 SOUTH  
SOPCHOPPY FL 32358

Mailing Address

P. O. BOX 38  
SOPCHOPPY FL 32358  
US

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 PO Box 242

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30 Sopchoppy FL 32358 Wakulla

3. Date Incorporated or Qualified

10/22/1993

3a. Date of Last Report

04/20/1995

4. FEI Number

59-3227892

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

ROBERTS, EDDIE E  
5707 LA FRANCE ROAD  
TALLAHASSEE FL 32310

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 607.1503, 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 or director of corporation

Date of Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ROBERTS, EDDIE E  
STREET ADDRESS 5707 LAFRANCE RD.  
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE D ☐ DELETE

NAME ROBERTS, ERNESTINE M  
STREET ADDRESS 5707 LAFRANCE RD.  
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE D ☐ DELETE

NAME LANGSTON, RONALD I  
STREET ADDRESS PO BOX 242 N/A  
CITY-ST-ZIP SOPCHOPPY FL 32358

TITLE D ☐ DELETE

NAME LANGSTON, KATHLEEN R  
STREET ADDRESS PO BOX 242 N/A  
CITY-ST-ZIP SOPCHOPPY FL 32358

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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

4/15/96

(904) 877-8409

Date Daytime Phone #

CR2E034 (12/95)