

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000000547 (6)

1. Corporation Name

BOB ROBERTS, INC.



Principal Place of Business

Mailing Address

800-844-6666

OKLAHOMA CITY OK 73109

4100 108TH AVE N.E.
NORMAN, OK 73071

800-844-6666

OKLAHOMA CITY OK 73109

SAME

2. Principal Place of Business

21 4100 108 AVE. N.E.

Suite, Apt. #, etc

22 City & State

23 NORMAN, OK

24 Zip

73071

25 CLEVELAND

26 Suite, Apt. #, etc

27 City & State

28 Zip

29 CLEVELAND

30 Country

31 Country

32 Country

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3. Date Incorporated or Qualified

01/03/1995

3a. Date of Last Report

4. FEI Number

73-1467303

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

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

Bob Roberts

(NOTE: Registered Agent's signature required when reinstating)

DATE

7-14-86

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ROBERTS, BOB

STREET ADDRESS 608 SW 48

CITY - ST - ZIP OKLAHOMA CITY OK 73109

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bob Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-86

DATE

(405) 579-7351

DAYTIME PHONE