FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 08 1998 8:00am PROFIT FLORIDA DEPARTMENT CORPORATION Sandra B. Mor Secretary of State ANNUAL REPORT Secretary of St DIVISION OF CORPO ATIONS 1998 DOCUMENT # P96000055731 (9) ROBERT'S FAMILY INVESTMENT CORP. Principal Place of Business Mailing Address 5424 TIMUQUANA ROAD JACKSONVILLE FL 32210 5424 TIMUQUANA ROAD JACKSONVILLE FL 32210 DO NOT WRITE IN THIS SPACE 3 Date Incorporated or Qualified 07/02/1996 2. Principal Place of Business Mailing Address MuguANA Rd JACKSON While Fla 52210 4. FEI Number Applied For 59-3105851 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State JACKSONVILLE FLA. 6. Election Campaign Financing \$5.00 May Be JACKSON VIL Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 20 32210 30 DUVAL ☐ No Personal Property Tax due June 30. X Yes 10. Name and Address of New Registered Agent ddress of Current Registered Agent SMITH, ROBERT A 81 Name 5424 TIMIQUANA ROAD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32210 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETÉ Change Addition 1.1 TITLE SMITH, ROBERT A NAME 1.2 NAME CR2E034 3968 O'RIELY DRIVE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition SMITH, RONDA B 2.2 NAME 3968 O'RIELY DRIVE STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32210 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change SMITH, JOANNE K NAME 3.2 NAME 3968 O'RIELY DRIVE STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST-ZIP 5.4 CITY-ST-ZIP Addition TITLE DELETE Change 61 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 suppliemental 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:

REGNATURE:

REGNATURE SHOTYPER OF PRINTED NAME OF ENGINES OFFICER OF PRINTED.

NAME

STREET ADDRESS

CITY-ST-ZIF

4/28/98

(10/97