

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 # **S34314** (2)

1. Corporation Name

**BILL ROBERTS & ASSOC., INC.**



Principal Place of Business

**381 6TH AVE W  
BRADENTON FL 34205-8804  
US**

Mailing Address

**PO BOX 683  
ST PETERSBURG FL 33731-0683  
US**

3. Date Incorporated or Qualified  
**02/28/1991**

3a. Date of Last Report  
**01/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FCI Number

**65-0249387**

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

10. Name and Address of New Registered Agent

**KENT, LEWIS H  
299 NINTH STREET N  
ST PETERSBURG FL 33701**

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

Signature, typed or printed name of registered agent and the applicant

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DV	STROOP, GERALD D	381 6TH AVENUE WEST	BRADENTON FL	<input checked="" type="checkbox"/>
D	EZAZI, ARJANG H	381 6TH AVENUE WEST	BRADENTON FL	<input type="checkbox"/>
DV	BAYLESS, ROBERT P	299 NINTH ST N	ST PETERSBURG FL	<input checked="" type="checkbox"/>
DP	KENT, LEWIS H	299 NINTH ST N	ST PETERSBURG FL	<input type="checkbox"/>
T	WILBER, ROBIN S	299 NINTH ST N	ST PETERSBURG FL	<input type="checkbox"/>
SD	LOTT, MARTIN T	299 NINTH ST. N.	ST PETERSBURG FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	Steinway, John	299 9th Street No	St. Petersburg, FL	<input checked="" type="checkbox"/>
V	Powers, James B.	381 6th Avenue West	Bradenton, FL	<input checked="" type="checkbox"/>
S	Wedding, June A.	299 9th Street No	St. Petersburg, FL	<input checked="" type="checkbox"/>

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:

*Martin T. Lott*

Martin T. Lott

2/26/96

822-4317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)