FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Mar 19 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Socretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S79217 (3)ROBERT'S SERPENTS, INC. Principal Place of Business Mailing Address 8805 DEE ELLEN LANE 8805 DEE ELLEN LANE RIVERVIEW FL 33569 RIVERVIEW FL 33569 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/05/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 59-3089699 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip This corporation owes or has paid the current year intangible 24 29 Personal Property Tax due June 30. Yes 25 10, Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SANDS, ROBERT S., JR. 8805 DEE ELLEN LANE 82 Street Address (P.O. Box Number is Not Acceptable) RIVERVIEW FL 33569 83 84 City Zip Code 11. Pursuant to the provisions of Soctions 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 CR2E034 (10/97 12. ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 13. DELETE Change TITLE 1.1 TITLE NAME SANDS, ROBERT S., JR. 1.2 NAME 8805 DEE ELLEN LN STREET ADDRESS 1.3 STREET ADDRESS RIVERVIEW FL CITY-ST-ZIP 1.4 City-ST-ZiP DELETE Addition TITLE 2.1 TITLE SERETARY, TREASURE SANDS, ROBERT S SR. NAME 2.2 NAME SAME 8805 DEE ELLEN LANE STREET ADDRESS 2.3 STREET ADDRESS RIVERVIEW FL CITY-ST-ZIP 2 4 CITY+ST-ZIP DELETE Change Addition TITLE 31 TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5 1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY-ST-ZIP DELETE Change Addition TITLE 6 1 TITLE

62 NAME

63 STREET ADDRESS

NAME

STREET ADORESS

CITY-ST-ZIP

14. Thereby 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 supplimental annual report is frue and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustate empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 and although the nad those 3-11-98 813-677-9669