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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90074 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 834037

1. Corporation Name
ROY JORGENSEN ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: P.O. BOX 70, BUCKEYSTOWN MD 21717
 Mailing Address: P.O. BOX 70, BUCKEYSTOWN MD 21717

3. Date Incorporated or Qualified: 03/20/1975
 4. FEI Number: 52-0850711
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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: _____ DATE: _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> DELETE
NAME	JORGENSEN, ROY E.
STREET ADDRESS	4800 W. 68TH STREET
CITY-ST-ZIP	SCOTTSDALE AZ
TITLE	P <input type="checkbox"/> DELETE
NAME	JORGENSEN, JOHN S.
STREET ADDRESS	3735 BUCKEYSTOWN PIKE
CITY-ST-ZIP	BUCKEYSTOWN MD
TITLE	SVP <input type="checkbox"/> DELETE
NAME	HENNINGSGAARD, CHARLES E
STREET ADDRESS	10 HONEYSUCKLE COURT
CITY-ST-ZIP	DAMASCUS MD
TITLE	VP <input type="checkbox"/> DELETE
NAME	GRENKE, WILLIAM C.
STREET ADDRESS	47 APPLE SEED LANE
CITY-ST-ZIP	GAITHERSBURG MD
TITLE	SVP <input type="checkbox"/> DELETE
NAME	HAMILTON, RONALD B
STREET ADDRESS	2407 RANDOLF TERR
CITY-ST-ZIP	FREDERICK MD
TITLE	SVP <input type="checkbox"/> DELETE
NAME	MEYER, CHARLES E.
STREET ADDRESS	448 IVY AVENUE
CITY-ST-ZIP	PATTERSON CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>SEE ATTACHED LISTINGS</i>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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, with all other like empowered.

SIGNATURE: *Douglas W. Selby* **REQUIRED** DATE: 3/25/99 301/831-1000
 Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E034 (1/98)