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**Feb 27 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L08033 (7)
1. Corporation Name
ROGERS & ASSOCIATES CONSULTANTS, INC.



Principal Place of Business Mailing Address
**C/O HERBERT L. ROGERS
1641 EAST AVENUE
CLERMONT FL 34711**

3. Date Incorporated or Qualified **08/03/1989** 3a. Date of Last Report **02/19/1996**

| | | | |
|--------------------------------|--------------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 11329 CR 561A | 26 11329 CR 561A | 59-2959716 | Not Applicable |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 CLERMONT FL | 28 CLERMONT FL | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 34711 25 LAKE | 29 34711 30 LAKE | B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| ROGERS, HERBERT L. 1641 EAST AVENUE CLERMONT FL 34711 | 81 Name Herbert L. ROGERS Jr |
| | 82 Street Address (P.O. Box Number is Not Acceptable) 11329 CR 561A |
| | 83 |
| | 84 City CLERMONT FL 85 Zip Code 34711 |

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 *Herbert L. Rogers Jr* **Herbert L. ROGERS, Jr** DATE **2/13/97**
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROGERS, HERBERT L. | 1.2 NAME | |
| STREET ADDRESS | 1641 EAST AVE. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROGERS, ROWENA E. | 2.2 NAME | |
| STREET ADDRESS | 1641 EAST AVE. | 2.3 STREET ADDRESS | 11329 CR 561A |
| CITY-ST-ZIP | CLERMONT FL | 2.4 CITY-ST-ZIP | |
| TITLE | TAS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KNIGHT, TERESA | 3.2 NAME | |
| STREET ADDRESS | 340 W. MINNEHAHA AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT FL 34711 | 3.4 CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROGERS, HERBERT L., JR. | 4.2 NAME | |
| STREET ADDRESS | 16430 LAKESHORE DRIVE | 4.3 STREET ADDRESS | 11329 CR 561A |
| CITY-ST-ZIP | CLERMONT FL 34711 | 4.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GULLETT, PATRICIA | 5.2 NAME | |
| STREET ADDRESS | 4238 ROGERS ROAD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | GREENWOOD FL 32423 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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.

SIGNATURE: *Rowena E. Rogers* **Rowena E. Rogers** DATE **2/13/97** 352-394-5621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)