


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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90082 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L08033 (7)

1. Corporation Name
 ROGERS& ASSOCIATES CONSULTANTSS INC.

Principal Place of Business Mailing Address

§ Herbert L. Rogers Jr.
 11329 CR 561A
 Clermont, FL 34711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 08/03/1989

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

4. FEI Number 59-2959716	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HERBERT L. ROGERS, JR.
 11329 CR 561A
 Clermont, FL 34711

10. Name and Address of New Registered Agent

81 Name HERBERT L. ROGERS JR.
82 Street Address (P.O. Box Number is Not Acceptable) 11329 CR 561A
83 City CLERMONT FL
84 City 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. VP** DATE **04-12-99**

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, HERBERT L.	
STREET ADDRESS	1641 East Ave.	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, ROWENA E.	
STREET ADDRESS	1641 EAST AVE.	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	KNIGHT, TERESA	
STREET ADDRESS	340 W. MINNEHAHA AVE.	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROGERS, HERBERT L. JR.	
STREET ADDRESS	16430 LAKESHORE DRIVE	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GULLETT, PATRICIA	
STREET ADDRESS	4238 ROGERS ROAD	
CITY-ST-ZIP	GREENWOOD, FL 32423	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROGERS, ROWENA E.
2.3 STREET ADDRESS	11329 CR 561A
2.4 CITY-ST-ZIP	CLERMONT, FL 34711
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: *Rowena E. Rogers* **ROWENA E. ROGERS** DATE: **04-12-99** DAYTIME PHONE #: **352-394-5621**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)