

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **231330** (2)  
1. Corporation Name  
**RODGERS CORNERS INC**

Principal Place of Business <b>1724 INDIAN ROCKS RD. BELLEAIR FL 33756</b>	Mailing Address <b>1724 INDIAN ROCKS RD. BELLEAIR FL 33756</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/19/1959</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-0882744</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>RODGERS, TRAVIS P 1724 INDIAN ROCKS RD CLEARWATER FL 34616</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AVP	1.1 TITLE	
NAME	RODGERS, LENARD E.	1.2 NAME	
STREET ADDRESS	2118 ROYAL FERN CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	(Address change only)
TITLE	<del>XX</del>	2.1 TITLE	
NAME	<del>RODGERS, JR. PATRICK X</del>	2.2 NAME	V
STREET ADDRESS	<del>3600 S. LOCKWOOD RIDGE RD.</del>	2.3 STREET ADDRESS	Rodgers, Jr T Patrick
CITY-ST-ZIP	<del>SARASOTA FL</del>	2.4 CITY-ST-ZIP	3600 S. Lockwood Ridge Rd.
TITLE	P	3.1 TITLE	
NAME	RODGERS, TRAVIS P, SR.	3.2 NAME	
STREET ADDRESS	1724 INDIAN ROCKS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	
NAME	RODGERS, AUDREY E	4.2 NAME	
STREET ADDRESS	1724 INDIAN ROCKS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEAIR FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Quentin E. Golden*

4/10/98

CR2E034 (10/97)