

ND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
UNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 231330

orporation Name  
**RODGERS CORNERS INC**

Principal Place of Business  
**INDIAN ROCKS RD.  
BELLEAIR FL 33756**

Mailing Address  
**1724 INDIAN ROCKS RD.  
BELLEAIR FL 33756  
US**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

City & State

27 City & State

Country

28 Zip

Country

29

30

3. Date Incorporated or Qualified

**12/19/1959**

4. FEI Number

**59-0882744**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~RODGERS, TRAVIS P.~~ deceased  
**1724 INDIAN ROCKS RD  
CLEARWATER FL 34616**

81 Name **AUDREY E. ~~K&E~~ RODGERS**

82 Street Address (P.O. Box Number is Not Acceptable)

**1724 INDIAN ROCKS RD.**

83 **BELLEAIR, FLA. 33756**

84 City

**FL**

85 Zip Code

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 *Audrey E. Rodgers*

(NOTE: Registered Agent signature required when reinstating)

DATE **7-1-99**

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

~~AVP~~  
**RODGERS, LENARD E.** ☐ DELETE  
2118 ROYAL FERN CT  
LONGWOOD FL 32779

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

~~VP~~  
**RODGERS JR, T PATRICK** ☐ DELETE  
~~3600 S. LOCKWOOD FOREST RD XXXX~~ **4195**  
**SARASOTA FL 34239 34231**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

~~DECEASED~~  
**RODGERS, TRAVIS P. SR.** ☐ DELETE  
1724 INDIAN ROCKS RD  
BELLEAIR FL 33756

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

~~ST~~  
**RODGERS, AUDREY E** ☐ DELETE  
1724 INDIAN ROCKS RD  
BELLEAIR FL 33756

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

~~AVP~~  
**GREGORY P. ~~RR~~RODGERS** ☐ DELETE  
~~XXXXXX~~ **2130 Deer Hollow Circle**  
Longwood, Fla. 32779

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

~~AS~~  
**CHERI A. RODGERS** ☐ DELETE  
1724 INDIAN ROCKS RD.  
BELLEAIR, FLA. 33756

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Audrey E. Rodgers*

**7-1-99 (927) 581-5161**

CR2E034 (5/99)

23/330

585205-90014-31

7/1/99

Div. of Corp.

THE FIRST NOTICE WAS NEVER RECEIVED.

*Audrey E. Rodgers*  
AUDREY E. RODGERS

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