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 PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 241191

1. Corporation Name

RODGERS CONSTRUCTION COMPANY

	,											
Principal Place	e of Business	Mailin	g Address						8) (48) 848 ()	PIRTI BIJII DI	HI AINN DÍR	
794 FOXRIDGE	CTR. DR.		DXRIDGE CTR. DR.									
#109 #109 Orange Park FL 32065 Orange Park FL 32065							DO NOT WRITE IN THIS SPACE					
US US US							3. Date Incorporated or Qualifed					-
							10/15/1960					
2. Principal P	lace of Business	2a. M	ailing Address	•			4. FEI Number				Applied F	or
21		26					59-0944417				Not Appli	cable
Suite, Apt.	#, etc.	Si	ite, Apt. #, etc.				5. Certifcate of Status De	seirod			Additio	
22		27					5. Certificate of Status De			Fee	Required	
City & Stat	de	Ci	ity & State				6. Election Campaign Fir	nancing		\$5.0	0 May B	e
23		28					Trust Fund Contributio				d to Fees	<u> </u>
Zip	Country	Zi	P	_	intry		8. This corporation owes		ent year In		[*]A.	
24	25	29	- 4 4 4	30			Personal Property Tax			Yes	∐No	
·	9. Name and Address of Current	t Register	ea Agent		81 Na	me	10. Name and Address of	A NEW K	egistereu	Agent		
ROD	GERS, JIMMIE R								. ,			
	DOCTORS LAKE DRIVE				82 Str	eet Addre	ess (P.O. Box Number is Not	Accepta	ble)			
	NGE PARK FL 32073				83						, ,	· -:
										,	* *	
					84 Cit	у	;		FI	85 Zi	p Code	·
11 Pursuant	to the provisions of Sections 607.0502	2 and 607.	1508. Florida Statu	ites, the a	bove-nan	ned corpo	oration submits this statemen	t for the i	ourpose o	changing	its registe	ered
office or r	registered agent, or both, in the State o	of Florida.	Such change was a	authorized	d by the c	orporatio	on's board of directors. I here	by accep	t the appo	intment as	registere	d
agent. i a	m familiar with, and accept the obligati	ions;oi, se	CHON 607.0505, FIC	onua Siai	utes.							- 1
SIGNATURE	Signature, typed or printed name of registered agent	t and title if app	olicable. (NOTI	E: Registered	I Agent signa	iture required	d when reinstating)		DATE	• • • • • • • • • • • • • • • • • • • •		- · ,
SIGNATURE	Signature, typed or printed name of registered agent			E: Registered	Agent signa	ture required	d when reinstating) ADDITIONS/CHANGES	TO OFF		ND DIREC	TORS IN	12
						ture required		TO OFF		ND DIREC		12 Addition
12.	OFFICERS AND		ORS	13.	TLE	iture required		TO OFF				
12.	OFFICERS AND		ORS	13. 1.1 TI 1.2 N/	TLE			S TO OFF				
12. TITLE NAME	OFFICERS AND PD RODGERS, JIMMIE R		ORS	13. 1.1 TT 1.2 NA 1.3 ST	TLE AME			TO OFF				
12. TITLE NAME STREET ADDRESS	PD RODGERS, JIMMIE R 3395 DOCTORS LAKE DR		ORS	13. 1.1 TT 1.2 NA 1.3 ST	TLE AME TREET ADDR			TO OFF			le []/	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD RODGERS, JIMMIE R 3395 DOCTORS LAKE DR ORANGE PARK FL		ORS DELETE	13. 1.1 TF 1.2 N/ 1.3 ST 1.4 CF	TLE AME TREET ADDR ITY-ST-ZIP			TO OFF		[] Chang	le []/	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD RODGERS, JIMMIE R 3395 DOCTORS LAKE DR ORANGE PARK FL STD		ORS DELETE	13. 1.1 TT 12 NA 1.3 ST 1.4 CF 2.1 TT 2.2 NA	TLE AME TREET ADDR ITY-ST-ZIP	ESS		TO OFF		[] Chang	le []/	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD RODGERS, JIMMIE R 3395_DOCTORS LAKE DR ORANGE PARK FL STD RODGERS, JAN L		ORS DELETE DELETE	13. 1.1 TT 12 N/ 1.3 ST 1.4 CF 2.1 TF 2.2 N/ 2.3 ST	TLE AME TREET ADDR TY-ST-ZIP TLE AME	ESS		S TO OFF		Chang	e	Addition
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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:

FILED

Jan 29, 1999 8:00am

Secretary of State

01-29-1999 90047 035 ***150.00