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2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am DOCUMENT # 241191 **Secretary of State** 1. Entity Name RODGERS CONSTRUCTION COMPANY 02-11-2002 90126 002 ***150.00 Principal Place of Business Mailing Address 794 FOXRIDGE CTR. DR. 794 FOXRIDGE CTR. DR. 40040 #109 ORANGE PARK FL 32065 ORANGE PARK FL 32065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0944417 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6._Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODGERS, JIMMIE R Street Address (P.O. Box Number is Not Acceptable) 3395 DOCTORS LAKE DRIVE ORANGE PARK FL 32073 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. JIMMIE R. RODGERS, PRESIDENT SIGNATURE Signature, typed or printed name of registered agent and title if applicable Registered Agent signature required when reinsta FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete THILE ☐ Change ☐ Addition NAME * RODGERS, JIMMIE R NAME 3395 DOCTORS LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL CITY-ST-7IP TITLE STD ☐ Delete TITLE Change ☐ Addition RODGERS, JAN L NAME NAME 3395 DOCTORS LAKE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Date

Daytime Phone #