

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:17

DOCUMENT # **259494** (3)

1. Corporation Name

ROGERS WIRE COMPANY, INCORPORATED

Principal Place of Business

Mailing Address

**1901 MIRACLE LANE
JACKSONVILLE FL 32225**

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JACKSONVILLE FL 32225**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/29/1962	3a. Date of Last Report 05/12/1994
4. FEI Number 59-1022095	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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**BERNARD, ELIZABETH
1901 MIRACLE LANE
JACKSONVILLE, FL
32225**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title of agent.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	☐ Change ☐ Addition
NAME	BERNARD, DAN N	1.2 NAME	
STREET ADDRESS	1901 MIRACLE LANE	1.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	1.4 CITY, ST, ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	BERNARD, ELIZABETH R	2.2 NAME	
STREET ADDRESS	1901 MIRACLE LANE	2.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE, FL 00000	2.4 CITY, ST, ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, LOUISE	3.2 NAME	
STREET ADDRESS	1911 MIRACLE LANE	3.3 STREET ADDRESS	
CITY, ST, ZIP	JACKSONVILLE FL	3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I know not readily for this exemption stated in the laws of the State of Florida. 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 to this report.

SIGNATURE:

Dan N. Bernard
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

2/22/95 (904) 692-2798