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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 1. Corporation Name

RODGERS CARS, INC.

Principal Place	of Business	Mailing Address						
3476 FOWLER FORT MYERS		3476 FOWLER ST. FORT MYERS FL 339	CH .					
romi mieno	rt 33901	TOTAL MILETO TE GOO	<b>v</b> .		3. Date incorporated or Qualified	3a. Date 0	Last 22/1	Report 995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number 59-1027468		T.	Applied For
21	- '				59-1027468		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
<b>Z</b> ip	Country	Zip	Country		This corporation has liability for Florida Statutes  Yes	intangible tax under s 199.032, ☐ No		
24	9. Name and Address of Curren	29	30		10. Name and Address of New Registered Agent			
3476 FO FT. MYE	is, rajah r . Iwler street RS FL 33901		62 63 84	City	ress (P.O. Box Number is Not Acceptate statement for the purest of diseases. It beauty accept the son	FL		Zip Code
familiar wit	h, and accept the obligations of, Sec Signature, typec or printed name of registered agen	tion 607.0505, Florida Statute	NOTE: Registered Age		and of directors. I hereby accept the appoint of directors of the appoint of directors and directors of the appoint of the app	DATE ICERS AND	DIREC	TORS IN 12
TITLE NAME STREET ADDRESS	PD RODGERS, RAJAH R. 3476 FOWLER ST. FORT MYERS FL	☐ DELETE	1. 1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	I ADDRESS		Ē	Chang	e Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS	VD RODGERS, RAJAH R 3476 FOWLER ST. FORT MYERS FL	R DELETE		T ADDRESS			] Chanç	je 🗌 Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE		T ADDRESS			] Chan	ge Addition
CITY-ST-ZIP		_	6.4 CITY	S1-ZIP				

14. I do hereby certify that the information supplied with this fifig is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annufal report or supplied ental 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 coloration of the incerter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.1 changed for on air altachment with an address.

SIGNATURE:

IAME OF SIGNING OFFICER OR DIRECTOR