FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 4:21

DOCUMENT # 336546 (7)

1. Corporation Name
SAM RODGERS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
6001 SANDPIPER'S DRIVE P.O. BOX 90069 LAKELAND FL 33804	6001 SANDPIPER'S DRIVE P.O. BOX 90069 LAKELAND FL 33804

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/17/1968
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1231313 ☐ 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

9. Name and Address of Current Registered Agent

RODGERS, SAM
419 LAKE HOLLINGSWORTH DR
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 6001 Sandpipers Drive
83
84 City: FL 85 Zip Code

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

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	11 TITLE	☐ Change ☐ Addition
NAME	RODGERS, RICHARD	12 NAME	
STREET ADDRESS	4525 NUNNSWOOD LANE	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	RODGERS, SAM	22 NAME	
STREET ADDRESS	419 LAKE HOLLINGSWORTH	23 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	RODGERS, MARY	32 NAME	
STREET ADDRESS	419 LAKE HOLLINGSWORTH	33 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	DIXON, KATHLEEN	42 NAME	
STREET ADDRESS	1505 E. FERN ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☒ Change ☐ Addition
NAME	RODGERS, REX	52 NAME	
STREET ADDRESS	4536 SUGARTREE DR E	53 STREET ADDRESS	227 S. Harbor Drive
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	Venice, FL 34285
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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.

SIGNATURE: _____ 2-9-95 813-657-3676
SIGNATURE AND TYPED OR PRINTED NAME OF DOMING OFFICER OR DIRECTOR — Date — Daytime Phone #

0447021 FP