FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # 336546 (7)

1. Corporation Name
SAM RODGERS ENTERPRISES, INC.

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

Mailing Address
6001 SANDPIPER'S DRIVE
P.O. BOX 90069
LAKELAND FL 33804

3. Date Incorporated or Qualified: 10/17/1968
3a. Date of Last Report: 02/14/1995

2. Principal Place of Business
21 575 Center Rd
Suite, Apt. #, etc
22
City & State
23 Venice FL
Zip
24 34292
Country
25 Sarasota

2a. Mailing Address
26 P.O. Box 1555
Suite, Apt. #, etc
27
City & State
28 Venice FL
Zip
29 34284
Country
30 Sarasota

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
6001 SANDPIPER DRIVE
LAKELAND FL 33803

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 575 Center Rd
83
84 City Venice FL
85 Zip Code 34292

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 [signature] Date 1-19-96

12. OFFICERS AND DIRECTORS

TITLE	VPD	[ ] DELETE
NAME	RODGERS, RICHARD	
STREET ADDRESS	4525 NUNNSWOOD LANE	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	PD	[ ] DELETE
NAME	RODGERS, SAM	
STREET ADDRESS	419 LAKE HOLLINGSWORTH	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	STD	[ ] DELETE
NAME	RODGERS, MARY	
STREET ADDRESS	419 LAKE HOLLINGSWORTH	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	AS	[ ] DELETE
NAME	DIXON, KATHLEEN	
STREET ADDRESS	1505 E. FERN ROAD	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	VP	[ ] DELETE
NAME	RODGERS, REX	
STREET ADDRESS	227 S. HARBOR DRIVE	
CITY-ST-ZIP	VENICE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[X] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS	448 Bayshore Dr	
2.4 CITY-ST-ZIP	Venice FL 34285	
3.1 TITLE		[X] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS	448 Bayshore Dr	
3.4 CITY-ST-ZIP	Venice FL 34285	
4.1 TITLE		[X] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS	525 Clubside Cir	
4.4 CITY-ST-ZIP	Venice FL 34293	
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: [signature] 1/19/96 941-493-6626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)