| 2003 FOR PROF<br>UNIFORM BUSINI<br>DOCUMENT # 61833<br>I. Entity Name<br>GARY RODGERS PLUMBING COMF      | <b>ESS REPOR</b><br>35                                      |  | FILED<br>Jan 13, 2003 8:00 am<br>Secretary of State<br>01-13-2003 90476 001 ***150.00   |
|--|---|--|---|
| Principal Place of Business<br>1910-1 BASSETT RD<br>JACKSONVILLE FL 32208                                | Mailing Address<br>P.O. BOX 350450<br>JACKSONVILLE FL 32235 |  |   |
| Principal Place of Business  | 3. Mailing Address  |  |   |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.   |  | CHECK HERE IF MAKING CHANGES  |
| City & State   | City & State  |  | 4. FE! Number 50-1900295 Applied For  |
| Zip Country  | Zip   | Country  | 5. Certificate of Status Desired S8.75 Additional   |
| 6. Name and Address of Current   | Registered Agent  | Name   | Fee Required  |
| RODGERS, GARY D  | and rule  |  | s (P.O. Box Number is Not Acceptable)   |
| 4325 HARBOUR ISLAND DR. 4986 17<br>JACKSONVILLE FL 32225   | WYDANK WO   | ^Y   |   |
|  |   | City   |   |
| The above named entity submits this statement fo the obligations of registered agent.                    | the purpose of changing its                                 | registered office or regist  | ered agent, or both, in the State of Florida. I am familiar with, and accept  |
| GNATURE  |   |  |   |
| Signature, typed or printed name of registered agent a   | nd tille if applicable. (NOTE                               | : Registered Agent signature requi   | ed when reinstaling) DATE   |
| After May 1, 2003 Fee will be \$550.00<br>ake Check Payable to Florida Department of                     |   |  | 9. Election Campaign Financing \$5.00 May Be<br>Trust Fund Contribution. Added to Fees  |
| LE P   |   | 11.<br>TITLE   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |
| ME RODGERS, GARY D<br>4986 MAYBANK WAY<br>Y-ST-ZIP JACKSONVILLE FL 32225                                 |   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Change Addition   |
| LE ST<br>AE RODGERS, JANET C<br>4986 MAYBANK WAY<br>A-ST-ZIP JACKSONVILLE FL 32225                       | Delete  | TIYLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | Change Addition   |
| LE VP<br>AE RODGERS, ANDREWS J<br>EET ADDRESS 10837 PEACEFUL HARBOR DR<br>(-ST-ZIP JACKSONVILLE FL 32218 | Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | Change Addition   |
| E VP<br>RODGERS, CHRISTOPHER J<br>EET ADDRESS<br>-ST-ZIP JACKSONVILLE FL 32225                           | Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | Change Addition   |
| E<br>E<br>ET ADDRESS<br>-ST-ZIP  | Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | Change Addition   |
| e<br>Et Address<br>-ST-ZIP   | Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | 🗋 Change 🔲 Addition   |
| of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with | ored to execute this second of                              | ne exemption stated in Se<br>signature shall have the<br>required by Chapter 607 | ection 119.07(3)(i), Florida Statutes. I further certify that the information<br>same legal effect as if made.under oath; that I am an officer or director<br>, Florida Statutes; and that my name appears in Block 10 or Block 11 if |
| GNATURE MARCHAND   | OGLE GAN ON NOC   | C VA   | NPC1 1-7-03 90X-765-796X  |