

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 12:51

DOCUMENT # 635263 (7)

1. Corporation Name
ROBERT L. ROGERS ENGINEERING COMPANY

Principal Place of Business Mailing Address
1105 SE 3RD AVE 1105 SE 3RD AVE
OCALA, FLORIDA 34471 Ocala, FLORIDA 34471
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2a		09/05/1979	02/18/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1980932	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	29	30	Trust Fund Contribution	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
ROGERS, ROBERT L 1309 SOUTHEAST 38TH COURT OCALA FL 32671				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				B1 Name	
				B2 Street Address (P.O. Box Number is Not Acceptable)	
				B3	
				B4 City	FL B5 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, title or printed name of registered agent and the filer (if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, ROBERT L.	1.2 NAME	
STREET ADDRESS	1309 S.E. 38TH CT.	1.3 STREET ADDRESS	
CITY- ST- ZIP	OCALA FL	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, CAROLYN D.	2.2 NAME	
STREET ADDRESS	1309 S.E. 38TH CT.	2.3 STREET ADDRESS	
CITY- ST- ZIP	OCALA FL	2.4 CITY- ST- ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, CAROLYN D.	3.2 NAME	
STREET ADDRESS	1309 S.E. 38TH CT.	3.3 STREET ADDRESS	
CITY- ST- ZIP	OCALA FL	3.4 CITY- ST- ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, RODNEY K.	4.2 NAME	
STREET ADDRESS	1309 S.E. 38TH CT.	4.3 STREET ADDRESS	
CITY- ST- ZIP	OCALA FL	4.4 CITY- ST- ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, RODNEY K.(ASS'T)	5.2 NAME	
STREET ADDRESS	1309 S.E. 38TH CT.	5.3 STREET ADDRESS	
CITY- ST- ZIP	OCALA FL	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 required with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 the 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: Carolyn D. Rogers
Carolyn D. Rogers
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNER OR FILER OR DIRECTOR
2/10/95 (904)622-9214