

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90077 001 ***158.75

DOCUMENT # F91408

1. Corporation Name

ROGERS AND ASSOCIATES INSURANCE, INC.

Principal Place of Business

971 VIRGINIA AVE. SUITE A
P.O. BOX 1747
PALM HARBOR FL 34682-8747

Mailing Address

971 VIRGINIA AVE. SUITE A
P.O. BOX 1747
PALM HARBOR FL 34682-8747

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1982

4. FEI Number

59-2207893

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 owes the current year Intangible
Personal Property Tax.

☒

Yes

☐ No

2. Principal Place of Business

21 201 US 19A, South

Suite, Apt. #, etc.

22 City & State

23 PALM HARBOR FL

Zip

24 34683

Country

25 USA

2a. Mailing Address

26 PO Box 1747

Suite, Apt. #, etc.

27 City & State

28 PALM HARBOR FL

Zip

29 34682-

Country

30 USA

9. Name and Address of Current Registered Agent

ROGERS, HOWARD M.
4144 PERRY PLACE
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME BAKER, LINDA K.
STREET ADDRESS 1200 TARPON WOODS BLVD., M5
CITY-ST-ZIP PALM HARBOR FL

TITLE DS ☐ DELETE

NAME ROGERS, SUZANNE U
STREET ADDRESS 4144 PERRY PLACE
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE DP ☐ DELETE

NAME ROGERS, HOWARD M
STREET ADDRESS 4144 PERRY PLACE
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Linda K. Baker LINDA K. BAKER 3/24/99 727-786-4312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)