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

Mailing Address P.O. BOX 11875

HOUSTON TX 77293

PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000001671

1. Corporation Name

P.O. BOX 11875 HOUSTON TX 77293

Principal Place of Business

ROGERS & PHILLIPS, INC.

						ļ		Date Incorporated or Qualifed 03/22/1993				
2. Principal Pl	lace of Business	2a.	. Mailing Address				4.	FEI Number		App	plied For	
21		26						76-0368402		Not	t Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				1_	Certificate of Status Desired			dditional	
22	المحادث والمحادث	27	.º - - ₂₆			. ,	- 5.	Certificate of Status Desired	, F	ee Re	quired	
City & State	e		City & State	-	_		6.	Election Campaign Financing	\$	5.00	May Be	
23		28						Trust Fund Contribution			o Fees	
Zip	Country	7	Zip	Country	<i>,</i> –		8.	This corporation owes the current year In	tangible	3		
24	25	29	30	J .				Personal Property Tax.	Ŭ Ye		□No	
571.	9. Name and Address of Current	Regis					10.	Name and Address of New Registered	Agent			
					Т	Name						
C T CORPORATION SYSTEM				-	82 Street Address (P.O. Box Number is Not Acceptable)							
1200 SOUTH PINE ISLAND ROAD			i			Street Addres	et Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324				83	+							
				L.								
gan gan i i				84		City		FL Charles	85	Zip C	Code	
44 Durcuont	to the provisions of Sections 607 0502	2 and 6	i07.1508, Florida Statutes,	the abov	e-1	named corpor	ration	submits this statement for the purpose of	chang	ing its	registered	
office or re	registered agent, or both, in the State of im familiar with, and accept the obligati	of Floric	da. Such change was autho	onized by	/ th	he corporation	n's bo	ard of directors. I hereby accept the appo	intmen	t as req	gistered	
•	im tamiliar with, and accept the obligati شرک کار کار کار کار کار کار کار کار کار ک	IUIIS U.	, Section dor. occup, i londo	Oldinio	۶.				•		•	
SIGNATURE	Signature, typed or printed name of registered agent			nistered Age	nt s	signature required w	when re	instating) DATE				
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFICERS A	VD DIR	ECTO	RS IN 12	
TITLE	DP		☐ DELETE	1.1 TITLE	_	DI	^			hange	☐ Addition	
NAME I	ROGERS, P G			1.2 NAME		Roc	aer	s P.G.	•			
i	7213 E. MT. HOUSTON ROAD			1.3 STREET		INDRESS 731	3 1	E'm+ Houston Kd				
STREET ADDRESS	HOUSTON TX 77050		`			1.1	us	l				
CITY-ST-ZIP	DVP		DELETE	1.4 CITY-S' 2.1 TITLE	1-2	DIP		10) 12 (1000	χc	nange	Addition	
TITLE	• • •		_ beleic			01 -	· 11.0	s, William R	y- - \		_	
NAME	PHILLIPS, WILLIAM R		7	2.2 NAME		LU.	'Int	5, William K				
STREET ADDRESS	7213 E. MT. HOUSTON ROAD		1	2.3 STREET				E MH Houston Kd				
· CITY-ST-ZIP:	HOUSTON-TX-77050			2. 4 CITY-S	ST-		<u>151</u>	00-Tx-77.050		hange	Addition	
TITLE	S		DELETE	3.1 TITLE		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	~~	σ N ₂ -	LIV	nanye	Kanaman	
NAME	GENTRY, LINDA			3.2 NAME		1000		is Aland Houston ld				
STREET ADDRESS	7213 E. MT. HOUSTON ROAD		.	3.3 STREE	AT.			E. Mount Houston Kd				
CITY-ST-ZIP	HOUSTON TX 77050			3.4. CITY-8	ST-			ton Tx 77050				
TITLE	T		DELETE	4.1 TITLE		5/1		X 1 0	□c	hange	Addition	
NAME	HOUSTON, RANDALL C		.	4. 2 NAME		Bur	nΠ,	Douglas O, 1 p.				
STREET ADDRESS	TOTAL E NET LIQUIDED DOND		.	4.3 STREE	TA	ADDRESS 731	3	E. Mount Houston Kd				
CITY-ST-ZIP	HOUSTON TX 77050		!	4.4 CITY-S	3T-:		w51					
TITLE			☐ DELETE	5.1 TITLE	_			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ c	nange	☐ Addition	
NAME	İ		1	5.2 NAME								
STREET ADDRESS	Ì		.	5.3 STREET	TΑ	ADDRESS					;	
				5.4 CITY-S								
CITY-ST-ZIP			☐ DELETE	6.1 TITLE					ПС	hange	☐ Addition	
INLE				4 *** ***				•				
NAME				6.2 NAME		I						

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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90104 029 ***150.00

DO NOT WRITE IN THIS SPACE