FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 11:30

DOCUMENT # G04624 (4)

1. Corporation Name
JIM ROGERS MANAGEMENT, INC.

Principal Place of Business	Mailing Address
311 CARLYLE BLVD RUSKIN FL 33570 US	311 CARLYLE BLVD RUSKIN FL 33570 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/11/1982
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2223755 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TATTERSALL, PETER
333 N.FERN CREEK AVENUE
ORLANDO FL 32802

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	ROGERS, JAMES A	1.2 NAME	ROGERS, JAMES A	
STREET ADDRESS	5675 DEL PRADO DR #286	1.3 STREET ADDRESS	311 CARLYLE BLVD	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	RUSKIN FL 33570	
TITLE	VP	2.1 TITLE		☐ Change ☐ Addition
NAME	HAMM, GWEN ROGERS	2.2 NAME		
STREET ADDRESS	3192 LASSITER ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE		☐ Change ☒ Addition
NAME	CLINTON A. ROGERS	3.2 NAME		
STREET ADDRESS	311 CARLYLE BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	RUSKIN FL 33570	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 supplied with this filing is voluntarily furnished and 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.

SIGNATURE: James A. Rogers, James A. Rogers, President 1/23/95 813 645-4197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000423 OP