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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

G21702

APPROVED AND FILED

96 JAN 23 AM 8: 46

1. Corporation	MENT # G217 REY ROGERS INSURANCE		(7) CY, INC.)			SECRETARY OF STATEMENT OF STATE			1811 81811 BIBIT 1881
Principal Place	of Business	Ma	ling Address				 	ING JURU BARAN KAN		
903 NW 6TH ST. Gainesville Fl 32601 US		903 N.W. 6TH STREET GAINESVILLE FL 32601 US								
							 Date Incorporated or Qualified 02/04/1983 	3a. Date o	of Last F 4/07/1	
2. Frincipal Pl. 	ace of Business	h	Mailing Address				4. FEI Number			Applied For
Suite, Apt.	#, etc.	26	Suite, Apt #, etc.			····	59-2253611	 -		Not Applicable
22		27	Santo, right in Etc.				5. Certificate of Status Desired			Additional Required
City & State	9	28	City & State				Election Campaign Financing Trust Fund Contribution		\$5.0	O May Be of to Fees
Ζιρ 24]	Country 25	29	Z ip	Gour 30	ntry		This corporation has liability for i Florida Statutes	ntangible tax	under s	199.032,
Name and Address of Current Registered Agent							10. Name and Address of New R		ent	
₽ DOOF	BO AUDDEN I			-	B1	Name				
ROGERS, AUBREY J 903 NW 6TH ST. —GAINESVILLE FL 32601			-	82	Street Add	oddress (P.O. Box Number is Not Acceptable)				
				83						
•				}-		<u> </u>				
					84	Crty				p Code
or registere familiar wit	o the provisions of Sections 607.0502 ed agent or both, in the State of Floric in, and accept the obligations of, Secti	and 607. Ia: Such o on 607.0!	.1508, Florida Statuti change was authoriz 505, Florida Statutes	es, the aboved ed by the co s.	e n rpc	named corpo pration's boa	oration submits this statement for the purp and of directors. I hereby accept the appo	ose of chang intment as re	ing its r gistered	egistered office agent. I am
SIGNATURE ,	Superine typed or printed name of regelered agent.		44							
12.	OFFICERS AND			116 Registered A	gent	t signature nequin	ed when retristating) ADDITIONS/CHANGES TO OFFICE	DATE SERO AND D	DECTO	DC IN 40
TITLE	DP		DELETE		1 1 TIFLE		ABBITTONS/OF MINGES TO OFFIC	 	Change	Addition
MAM:	ROGERS, AUBREY, JR 4216 SW 19TH TER			1.2 NAN	ſĖ			_	•	
STREET ADDRESS CHTY-ST-ZIP	GAINESVILLE, FL 00000					ADDRESS				
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NAME			_,	2.2 NAM					Change	Addition Addition
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Tillef			DELETE	4 1 TITL					Change	Addition
NAME STREET ADORESS				4.2 NAM						
CITY SE ZIP						ADDRESS				
1011			DEL ETE	4.4 CITY 5.1 TITL	_	- ZIP			tiange	C) Addition
NAME				5 2 NAM				L) (nangs	Addition
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DITY SEZIP			Ti Destri	5.4 C(1) Y		ZIP				
NAME			DELFTE	6 1 1111					hange	☐ Addition
STREET ADDRESS				62 NAMI 63 STRE		DOBESS				0.7
City S1-ZiP				6.4 CiTy.	ST.	7.0				\mathcal{W}
14. I do hereby	certify that the information supplied w	ith this file	ng is voluntarily furni:	shed and do	es	not qualify for	or the exemption stated in Section 119 0	7/21/k) Elorida	Ctot. do	

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 appears in Block 12 or Block 13 if changed, or on an all achment with an address

SIGNATURE:

1-19-96 904373 2003