

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **G91875** (6)

1. Corporation Name

ROGERS SOUTHERN ASSOCIATES, INC.

Principal Place of Business

1400 N.W. 44TH COURT
P.O. BOX 9
REDDICK FL 32686

Mailing Address

1400 N.W. 44TH COURT
P.O. BOX 9
REDDICK FL 32686

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/19/1984

3a. Date of Last Report

04/26/1994

4. FEI Number

59-2442039

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 14700 N.W. 44TH COURT

2a. Mailing Address

26 14700 N.W. 44 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

ROGERS, STEVE
ROCKY TOP FARM
14700 N.W. 44TH COURT
REDDICK FL 32686

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 firm if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE T
NAME ROGERS, CYNTHIA L.
STREET ADDRESS N.W. 44TH COURT
CITY-ST-ZIP REDDICK FLTITLE P
NAME ROGERS, STEVE
STREET ADDRESS N.W. 44TH COURT
CITY-ST-ZIP REDDICK FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS 14700 N.W. 44 COURT
14 CITY-ST-ZIP REDDICK, FLA 326862.1 TITLE ☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS 14700 N.W. 44 COURT
24 CITY-ST-ZIP REDDICK, FLA 326863.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(k), 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 in the report or attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN K ROGERS

2/28/95 904-591-1930