**PROFIT** CORPORATION ANNUAL REPORT

1999

**DOCUMENT # G91875** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90140 013 \*\*\*150.00

ROGERS	SOUTHERN ASSOCIATES	, INC.			
Principal Place	e of Business	Mailing Address			<b>1</b> 170) 0181 91911 11211 91911 1591
14700 NW 44TH COURT P.O.BOX 9 REDDICK FL 32686 US		14700 NW 44TH COURT P.O.BOX 9 REDDICK FL 32686		DO NOT WRITE IN THI	S SPACE
		US		3. Date Incorporated or Qualifed 03/19/1984	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	•	59-2442039	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23	<b>-</b>	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year li	ntangible
24	25	29 30	· ·	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registered	Agent
ROG	ers, steve				
ROCKY TOP FARM			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
14700 N.W. 44TH COURT			83		
REDI	DICK FL 32686		84 City		85 Zip Code
	_		1 1	poration submits this statement for the purpose of	
agent. I a	Signature, typed or printed name of registered age	ent and title if apply ble. (NOTE: Regi	Statutes.		
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12  Change Addition
TITLE	T COUNTY IIA	☐ DELETE	1.1 TITLE		
NAME	ROGERS, CYNTHIA L.		1.3 STREET ADDRESS		
STREET ADDRESS	14700 NW 44TH COURT REDDICK FL		1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	P	☐ DELETE	2.1 TITLE		Change Addition
NAME	ROGERS, STEVE		2.2 NAME		
STREET ADDRESS	14700 NW 44TH COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	REDDICK FL		2. 4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE 3.2 NAME		Cloude Clyddigii
NAME STREET ADDRESS			3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETÉ	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	4.4 CiTY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		Li cumigo Li mandon
NAME STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
PERCET ADDRESS			6.3 STREET ADDRESS		i

64 CITY-ST-ZIP 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 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 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 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 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 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 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 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 of the corporation of the certification of t

SIGNATURE:

STREET ADDRESS