
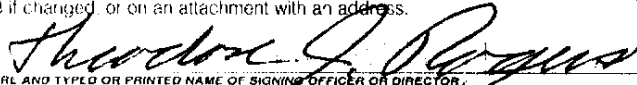


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 31 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>H14862</b> (7)			
1. Corporation Name <b>ROGERS &amp; SONS CONTRACTING, INC.</b>			
Principal Place of Business <b>6459 JACK WRIGHT ISLAND RD ORANGE PARK FL 32092 US</b>		Mailing Address <b>6459 JACK WRIGHT ISLAND ROAD ORANGEDALE FL 32092-1910 US</b>	
2. Principal Place of Business 21 <b>6459 JACK WRIGHT ISLAND RD</b> Suite, Apt. #, etc. 22 City & State 23 <b>ORANGEDALE, FL</b> Zip 24 <b>32092</b>		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>ST JOHNS</b> Country 30	
3. Date Incorporated or Qualified <b>08/01/1984</b>		3a. Date of Last Report <b>04/23/1996</b>	
4. FEI Number <b>59-2496240</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>ROGERS, THEODORE JACKSON 6459 JACK WRIGHT ISLAND ROAD ORANGEDALE FL 32092</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME: <b>P ROGERS, THEODORE JACKSON</b> <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>6459 JACK WRIGHT ISLAND RD</b>		1.2 NAME	
CITY-STATE-ZIP: <b>ORANGEDALE FL</b>		1.3 STREET ADDRESS	
TITLE: <b>TS</b> <input type="checkbox"/> DELETE		1.4 CITY-STATE-ZIP	
NAME: <b>ROGERS, MARJORIE CLAIR</b> <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>6459 JACK WRIGHT ISLAND RD</b>		2.2 NAME	
CITY-STATE-ZIP: <b>ORANGEDALE FL</b>		2.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE		2.4 CITY-STATE-ZIP	
NAME: <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		3.2 NAME	
CITY-STATE-ZIP: <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE		3.4 CITY-STATE-ZIP	
NAME: <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		4.2 NAME	
CITY-STATE-ZIP: <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE		4.4 CITY-STATE-ZIP	
NAME: <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		5.2 NAME	
CITY-STATE-ZIP: <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE		5.4 CITY-STATE-ZIP	
NAME: <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		6.2 NAME	
CITY-STATE-ZIP: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
TITLE: <input type="checkbox"/> DELETE		6.4 CITY-STATE-ZIP	
14. I do 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 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: 		26 MAR 97 (904) 284-2817	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)