

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

FILED

May 14 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 # K62649 (4)  
1. Corporation Name  
R. A. ROGERS CONSTRUCTION COMPANY



Principal Place of Business

Mailing Address

~~774 S. NORTH LAKE BLVD~~  
~~SUITE 1000~~  
~~ALTAMONTE SPRINGS FL 32701~~  
US

~~2000 GUN BANK CENTER 200 S. ORANGE AVE~~  
~~P.O. BOX 112~~  
~~ORLANDO FL 32802-0112~~

2. Principal Place of Business

2a. Mailing Address

21 385 Whopping Loop Lane  
Suite, Apt. #, etc.  
22 #1319

26 200 S. Orange Ave.  
Suite, Apt. #, etc.  
27 Suite 2300

23 Altamonte Springs, FL  
City & State  
24 32701  
Zip

28 Orlando, FL  
City & State  
29 32801-3432  
Zip

3. Date Incorporated or Qualified

01/24/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2931863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

A.G.C. CO.

~~200 S. ORANGE AVE, 2000 GUN BANK CENTER~~  
~~ORLANDO FL 32801~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

200 S. Orange Ave.  
Suite 2300

84 City

Orlando

FL

85 Zip Code

32801-3432

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD  
ROGERS, ROBERT A., IV  
STREET ADDRESS 4017 SHADY OAK COURT  
CITY-ST-ZIP LAKE MARY FL

TITLE ☐ DELETE

NAME STD  
ROGERS, CAROLYN H.  
STREET ADDRESS 4017 SHADY OAK COURT  
CITY-ST-ZIP LAKE MARY FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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 in an attachment with an address.

SIGNATURE

SIGNATURE

4/4/97

4/27/97

338 1100

CR2E034 (9/96)