

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08033 (7)

1. Corporation Name

ROGERS & ASSOCIATES CONSULTANTS, INC.



Principal Place of Business

Mailing Address

C/O HERBERT L. ROGERS
1641 EAST AVENUE
CLERMONT FL 34711

C/O HERBERT L. ROGERS
1641 EAST AVENUE
CLERMONT FL 34711

3. Date Incorporated or Qualified

08/03/1989

3a. Date of Last Report

04/21/1995

4. FEI Number

59-2959716

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, HERBERT L.
1641 EAST AVENUE
CLERMONT FL 34711

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 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
D
ROGERS, HERBERT L.
STREET ADDRESS
1641 EAST AVE.
CITY-ST-ZIP
CLERMONT FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
ROGERS, ROWENA E.
STREET ADDRESS
1641 EAST AVE.
CITY-ST-ZIP
CLERMONT FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
TAS
KNIGHT, TERESA
STREET ADDRESS
340 W. MINNEHAHA AVE.
CITY-ST-ZIP
CLERMONT FL 34711

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
VP
ROGERS, HERBERT L., JR.
STREET ADDRESS
16430 LAKESHORE DRIVE
CITY-ST-ZIP
CLERMONT FL 34711

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
S
GULLETT, PATRICIA
STREET ADDRESS
4238 ROGERS ROAD
CITY-ST-ZIP
GREENWOOD FL 32423

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rowena E. Rogers

02/12/96

904-394-5621

CR2E034 (12/95)