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Feb 27 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 # L08033 (7)

1. Corporation Name
ROGERS & ASSOCIATES CONSULTANTS, INC.



Principal Place of Business Mailing Address
C/O HERBERT L. ROGERS C/O HERBERT L. ROGERS
1641 EAST AVENUE 1641 EAST AVENUE
CLERMONT FL 34711 CLERMONT FL 34711-3317

3. Date Incorporated or Qualified 08/03/1989 3a. Date of Last Report 02/19/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 11329 CR 561A	26 11329 CR 561A	59-2959716	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23 CLERMONT FL	28 CLERMONT FL	Trust Fund Contribution	
Zip	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24 34711	29 34711		
Country	Country		
25 LAKE	30 LAKE		

9. Name and Address of Current Registered Agent

ROGERS, HERBERT L.
1641 EAST AVENUE
CLERMONT FL 34711

10. Name and Address of New Registered Agent

81 Name Herbert L. ROGERS Jr
82 Street Address (P.O. Box Number is Not Acceptable) 11329 CR 561A
83
84 City CLERMONT FL 85 Zip Code 34711

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 *Herbert L. Rogers Jr* Herbert L. ROGERS, Jr 2/13/97
Signature, typed or printed name of registered agent, to file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, HERBERT L.	1.2 NAME	
STREET ADDRESS	1641 EAST AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, ROWENA E.	2.2 NAME	
STREET ADDRESS	1641 EAST AVE.	2.3 STREET ADDRESS	11329 CR 561A
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	
TITLE	TAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT, TERESA	3.2 NAME	
STREET ADDRESS	340 W. MINNEHAHA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, HERBERT L., JR.	4.2 NAME	
STREET ADDRESS	16430 LAKESHORE DRIVE	4.3 STREET ADDRESS	11329 CR 561A
CITY-ST-ZIP	CLERMONT FL 34711	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULLETT, PATRICIA	5.2 NAME	
STREET ADDRESS	4238 ROGERS ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWOOD FL 32423	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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: *Rowena E. Rogers* Rowena E. Rogers 2/13/97 352-394-5621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)