

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90082 013 ***150.00

DOCUMENT # L08033 (7)
1. Corporation Name
ROGERS& ASSOCIATES CONSULTANTSS INC.

Principal Place of Business Mailing Address
% Herbert L. Rogers Jr.
11329 CR 561A
Clermont, FL 34711

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/03/1989

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2959716	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

HERBERT L. ROGERS, JR.
11329 CR 561A
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 City
CLERMONT FL
84 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. VP 04-12-99
Signature, typed or printed name of registered agent and date 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 34711	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 34711	2.4 CITY-ST-ZIP	CLERMONT, FL 34711
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, HERBERT L. JR.	4.2 NAME	
STREET ADDRESS	16430 LAKESHORE DRIVE	4.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: Rowena E. Rogers ROWENA E. ROGERS 04-12-99 352-394-5621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)