

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

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**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90047 022 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **M83426**

1. Corporation Name  
**ROGERS & DAVIDSON, P.A.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 720 SOUTHWEST 2ND AVE. SUITE 405, GAINESVILLE FL 32601, US  
 Mailing Address: 720 SOUTHWEST 2ND AVE. SUITE 405, GAINESVILLE FL 32601, US

3. Date Incorporated or Qualified  
**07/01/1988**

2. Principal Place of Business: **4739 NW 53 Ave**  
 2a. Mailing Address: **4739 NW 53 Ave**

4. FEI Number: **59-2884485**

22. Suite, Apt. #, etc.:  
 23. City & State: **Gainesville FL**  
 27. Suite, Apt. #, etc.:  
 28. City & State: **Gainesville FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

24. Zip: **32606** 25. Country: **US**  
 29. Zip: **32606** 30. Country: **US**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**EDINGER, GARY**  
**1110 NORTH WEST SIXTH STREET**  
**912 N.E. 2ND STREET**  
**GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, BRUCE J	1.2 NAME	
STREET ADDRESS	720 SW 2ND AVENUE #405	1.3 STREET ADDRESS	<b>4739 NW 53 Ave</b>
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	<b>Gainesville FL 32606</b>
TITLE	TV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, BRUCE J	2.2 NAME	
STREET ADDRESS	720 SW 2ND AVE #405	2.3 STREET ADDRESS	<b>4739 NW 53 Ave</b>
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	<b>Gainesville FL 32606</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ Date: **3/2/99** Daytime Phone #: **352 371 9847**

CR2E034 (11/98)