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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000063098

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DON ROGERS, & ASSOCIATES, INC.							11 60 (411) 63 (2 3)	ener energene	
-	,								
Principal Place of Business Mailing Address						DANS BASIS BASIS BI	1100 11111 80118 1		
205 JAMES ST 205 JAMES ST					}				
BRANDON FL 33510 BRANDON FL 33510					DO NOT IN	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualife		J-ACE		
					09/07/1993	.Q			
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number		App	lied For	
		26			59-3202077			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional				
22					3. Continue or Charles 2 30.102	5. Certificate of Status Desired Fee Required			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be					
23					Trust Fund Contribution Added to Fees				
Zip	Country	Zip Cour		у	8. This corporation owes the c	*		/	
24	25 29 30				Personal Property Tax. Yes VNo			MNo	
Name and Address of Current Registered Agent					10. Name and Address of Nev	v Registered A	gent		
1100	ALL DEDODALLE		8		ard F. Wheeler, Esq		i i i i i i i i i i i i i i i i i i i	20 1 1	
MCCALL, DEBORAH F					ress (P.O. Box Number is Not Acceptable)				
ONE BEACH DR SE					& Wheeler, P.A.				
SUITE 200				3	F P 1			1	
ST PETERSBURG FL 33731-1139					E. Robertson Street	,	85 Zip C	ode -	
				City Brane	don	FL	335		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	t Florida. Such change was autr	iorizea di	/ the corporal	rporation submits this statement for t tion's board of directors. I hereby ac	ne purpose of co cept the appoint	hanging its r iment as reg	egistered istered	
SIGNATURE	Rice of whi-	Richard	F. W	neeler,	Esq.	4/30/99			
	Signature, typed of printed name of registered agent		ent signature requi	ADDITIONS/CHANGES TO	DATE AND	DIRECTOL	OC (N. 12		
12.			13.		ADDITIONS/CHANGES TO	JEFICERS AND	Change	Addition	
TITLE	_		1.2 NAME						
NAME									
STREET ADDRESS)			ET ADDRESS					
CITY-ST-ZIP			1.4 CITY- 2.1 TITLE	ST-ZIP			Change	Addition	
TITLE	_			1			ondingo		
NAME	2.21							}	
STREET ADDRESS	1			T ADDRESS					
CITY-ST-ZIP				ST-ZIP			☐ Change	☐ Addition	
TITLE	☐ DELETE 3.1 T						Criange	☐ Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREI	ET ADDRESS					
C/TY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAM	<u> </u>					
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-ZIP					

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

☐ DELETE

☐ DELETE

SIGNATURE:

(813)661-1803

Change

Change

Addition

☐ Addition