

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 AM 11:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000050844 (7)

1. Corporation Name

ROGERS BUS CORPORATION

Principal Place of Business

**3322 MADGE ST
JACKSONVILLE FL 32209**

Mailing Address

**3322 MADGE ST
JACKSONVILLE FL 32209**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/05/1994

3a. Date of Last Report

4. FEI Number

59-3257365

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

21 3322 Madge St

2a. Mailing Address

26 3322 Madge St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 JAX Fla

27 City & State

28 Same

24 Zip

92209

Country

25 Duval

29 Zip

Same

Country

30 Same

9. Name and Address of Current Registered Agent

**ROGERS, JOHN H
3322 MADGE ST
JACKSONVILLE FL 32209**

10. Name and Address of New Registered Agent

81 Name

N/A

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ROGERS, JOHN H
STREET ADDRESS	3322 MADGE ST
CITY - ST - ZIP	JACKSONVILLE FL 32209
TITLE	VD
NAME	ROGERS, MARLOW A
STREET ADDRESS	3322 MADGE ST
CITY - ST - ZIP	JACKSONVILLE FL 32209
TITLE	Secretary
NAME	Velvetie V. Rogers
STREET ADDRESS	3014 Breve Drive
CITY - ST - ZIP	JAX, FL 32209
TITLE	Clerical
NAME	Hattie Rogers
STREET ADDRESS	3322 Madge Street
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 included 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 as an attachment with an address.

SIGNATURE:

Signature typed or printed name of signing officer or director

4/10/95 904(353-1618)