

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**  
**Feb 20, 1999 8:00 am**  
**Secretary of State**

02-20-1999 90099 020 \*\*\*150.00

DOCUMENT # **P95000002877**

1. Corporation Name  
**RODGERS USA ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**94 FOXRIDGE CENTER DR 794 FOXRIDGE CENTER DR**  
**SUITE 109 SUITE 109**  
**ORANGE PARK FL 32065 ORANGE PARK FL 32065**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

3. Date Incorporated or Qualified  
**01/09/1995**  
4. FEI Number **59-3292752** 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**RODGERS, BILLY R**  
**794 FOXRIDGE CENTER DR**  
**SUITE 109**  
**ORANGE PARK FL 32065**

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

I, 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

NAME	DELETE
<b>P</b> <b>RODGERS, BILLY R</b> <b>794 FOXRIDGE CENTER DR #109</b> <b>ORANGE PARK FL 32065</b>	<input type="checkbox"/>
<b>VS</b> <b>RODGERS, JIMMIE R</b> <b>3395 DOCTORS LAKE DR</b> <b>ORANGE PARK FL 32065</b>	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
1.1	1.2	1.3	1.4	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/99** **904-272-6211**  
Date Daytime Phone #

CR2E034 (1/98)