

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 23 1996 8:00 am
Secretary of State

DOCUMENT # P95000033212 (8)

1. Corporation Name

ROGER KENT CONFER ASSOCIATES, INC.

Principal Place of Business

7199 ST. ANDREWS ROAD
LAKE WORTH FL 33467

Mailing Address

7199 ST. ANDREWS ROAD
LAKE WORTH FL 33467



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

29

9. Name and Address of Current Registered Agent

HARPER, ALLEN
7199 ST. ANDREWS ROAD
LAKE WORTH FL 33467

3. Date Incorporated or Qualified

04/27/1995

3a. Date of Last Report

4. FEI Number

65-0583302

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

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 607.06(2) and 607.15(6), 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 607.06(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director

Signature of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	PSD	☐ DELETE
2. NAME	CONFER, ROGER K	
3. STREET ADDRESS	7199 ST. ANDREWS ROAD	
4. CITY, ST., ZIP	LAKE WORTH FL 33467	
5. TITLE	VTD	☐ DELETE
6. NAME	HARPER, ALLEN D	
7. STREET ADDRESS	7199 ST. ANDREWS ROAD	
8. CITY, ST., ZIP	LAKE WORTH FL 33467	
9. TITLE		☐ DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, ST., ZIP		
13. TITLE		☐ DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, ST., ZIP		
17. TITLE		☐ DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY, ST., ZIP		
21. TITLE		☐ DELETE
22. NAME		
23. STREET ADDRESS		
24. CITY, ST., ZIP		
25. TITLE		☐ DELETE
26. NAME		
27. STREET ADDRESS		
28. CITY, ST., ZIP		
29. TITLE		☐ DELETE
30. NAME		
31. STREET ADDRESS		
32. CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST., ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST., ZIP	
25. TITLE	☐ Change ☐ Addition
26. NAME	
27. STREET ADDRESS	
28. CITY, ST., ZIP	
29. TITLE	☐ Change ☐ Addition
30. NAME	
31. STREET ADDRESS	
32. 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 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 or on an attachment with an address.

SIGNATURE:

Allen Harper ALLEN HARPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-96

4079665728

CR2E034 (12/95)