

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000054700 (6)

1. Corporation Name
ROGERS TREE AND LANDSCAPING, INC.

FILED
97 MAY -2 PM 3: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8127 WOODLAWN CR., SOUTH
PALMETTO FL 34221
US

Mailing Address
PO BOX 391
PARRISH FL 34218-0391
US

3. Date Incorporated or Qualified
07/14/1995

3a. Date of Last Report
06/25/1996

2. Principal Place of Business
21 4103 N. Ryc Rd
Suite, Apt. #, etc.

2a. Mailing Address
26 same

4. FEI Number
APPLIED FOR 65-0677040

Applied For
Not Applicable

22 City & State
23 Parrish, Florida

27 City & State

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

24 Zip
34219

25 Country
USA

28 Zip

29 Country

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

9. Name and Address of Current Registered Agent
ROGERS, JAMES CHRISTOP
8127 WOODLAWN CIRCLE SOUTH
PALMETTO FL 34221

10. Name and Address of New Registered Agent
81 Name James Christopher Rogers
82 Street Address (P.O. Box Number is Not Acceptable)
83 4103 North Ryc Road
84 City Parrish FL 85 Zip Code 34219

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 James C. Rogers DATE 04/28/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	ROGERS, JAMES C	P.O. BOX 391	PARRISH FL 34219	<input type="checkbox"/>
D	ROGERS, BETH M	P.O. BOX 391	PARRISH FL 34219	<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
P/T	Beth Michelle Rogers	P.O. Box 391	4103 N. Ryc Rd Parrish, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V/S	James Cristopher Rogers	P.O. Box 391	4103 N. Ryc Rd Parrish, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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-05/06/97--01135--003
***330.00 ***165.00

14. I do 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.

SIGNATURE: James C. Rogers DATE 04/28/97 941-722 0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)