

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
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DOCUMENT # P96000061608 (1)

1. Corporation Name

ROGERS CRANE SERVICE, INC.

Principal Place of Business

POST OFFICE BOX 391
PARRISH FL 34219

Mailing Address

POST OFFICE BOX 391
PARRISH FL 34219-0391

FILED

97 MAY -2 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 4103 N. Rye Rd		26 same		07/23/1996			
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
				65-0720973		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Parrish, FL		28		<input type="checkbox"/>		5.00 May Be Added to Fees	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
24 34219		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 Country		30 Country					
25 USA		30					

9. Name and Address of Current Registered Agent

DORIS A. BUNNELL, P.A.
608 15TH STREET WEST
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name James Christopher Rogers
82 Street Address (P.O. Box Number is Not Acceptable) 4103 North Rye Road
83 Parrish
84 City FL 85 Zip Code 34219

11. Pursuant to the provisions of Sections 607.0501 and 607.0508, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, by a duly elected name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE		P/T	
1.2 NAME		James Christopher Rogers	
1.3 STREET ADDRESS		P.O. Box 391 - 4103 N. Rye Rd.	
1.4 CITY-ST-ZIP		Parrish, FL 34219 Parrish 34219	
<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.1 TITLE		V/S	
2.2 NAME		Beth Michelle Rogers	
2.3 STREET ADDRESS		P.O. Box 391 4103 North Rye Rd	
2.4 CITY-ST-ZIP		Parrish, FL 34219 Parrish FL 34219	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.1 TITLE		300002168479--1	
3.2 NAME		-05/06/97--01135--003	
3.3 STREET ADDRESS		****330.00 ****165.00	
3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/97

Date

941-727-0000

Daytime Phone #

1 34234

CR2E034 (9/96)