

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90020 026 ***150.00

DOCUMENT # P96000071849

1. Corporation Name

ROGERS VALUATION & ACQUISITION, INC.



Principal Place of Business

700 S PALAFOX PL
STE 315
PENSACOLA FL 32501
US

Mailing Address

700 S PALAFOX PL
STE 315
PENSACOLA FL 32501
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1996

4. FEI Number

59-3398254

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

2. Principal Place of Business

21. 4599-B Spanish Trail
Suite, Apt. #, etc.

2a. Mailing Address

26. 4599-B Spanish Trail
Suite, Apt. #, etc.

22

City & State

23. Pensacola, FL

27

City & State

28. Pensacola, FL

24

Zip

Country

25. U.S.A.

29

Zip

32504

Country

30. U.S.A.

9. Name and Address of Current Registered Agent

ROGERS, MICHAEL J
700 S PALAFAX PL, STE 315
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

Rogers, Michael J.

82 Street Address (P.O. Box Number is Not Acceptable)

4599-B Spanish Trail

83

84 City

Pensacola

FL

85

Zip Code

32504

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **ROGERS, MICHAEL J**

STREET ADDRESS **5481 OAKSHIRE RD**

CITY-ST-ZIP **MILTON FL**

TITLE **STD** ☐ DELETE

NAME **ROGERS, NELDA S**

STREET ADDRESS **5481 OAKSHIRE RD**

CITY-ST-ZIP **MILTON FL**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99
Date

(850) 432-8815
Daytime Phone #

CR2E034 (1/1/98)