


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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90244 026 ***150.00

0484066

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000097856					
1. Corporation Name ROGERS GROVE OF DESOTO, INC.					
Principal Place of Business 6325 S.W. OWENS SCHOOL STREET ARCADIA FL 34266			Mailing Address 6325 S.W. OWENS SCHOOL STREET ARCADIA FL 34266		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 1607 Lindberg Avenue		11/27/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-7025232	
City & State		City & State		Applied For	
23		28 Lake Placid, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29 33852		30	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
Country		Country		7. This corporation owes the current year Intangible	
26		31		Personal Property Tax.	
Country		Country		8. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ROGERS, THOMAS H 6325 S.W. OWENS SCHOOL STREET ARCADIA FL 34266			81 Name Rogers, John W.		
			82 Street Address (P.O. Box Number is Not Acceptable) 1607 Lindberg Avenue		
			83		
			84 City Lake Placid FL 85 Zip Code 33852		
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 <u>John W. Rogers</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3/9/99</u>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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:

John W. Rogers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99

Date

(941) 699-2330

Daytime Phone #

CR2E034 (11/98)