

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90126 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000023709

1. Corporation Name
THE W.S. RODGERS CORPORATION

Principal Place of Business 15210 AMBERLY DRIVE 926 TAMPA FL 33647 US	Mailing Address 15210 AMBERLY DRIVE 926 TAMPA FL 33647 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8130 Colonial Village Dr Suite, Apt. #, etc. 22 206 City & State 23 Tampa FL Zip 24 33625 Country 25 US		2a. Mailing Address 26 8130 Colonial Village Dr Suite, Apt. #, etc. 27 206 City & State 28 Tampa FL Zip 29 33625 Country 30 US		3. Date Incorporated or Qualified 03/17/1997	
		4. FEI Number 59-3437588		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent RODGERS, WILLIAM S III 1454 BAY HARBOR DR. #301 PALM HARBOR FL 34685		10. Name and Address of New Registered Agent 81 Name William S. Rodgers III 82 Street Address (P.O. Box Number is Not Acceptable) 8130 Colonial Village Dr 83 #206 84 City Tampa FL 85 Zip Code 33625	
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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 *W.S. Rodgers III* DATE **4/25/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS <input type="checkbox"/> DELETE	1.1 TITLE	PTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, WILLIAM S III	1.2 NAME	RODGERS, WILLIAM S. III
STREET ADDRESS	15210 AMBERLY DRIVE 926	1.3 STREET ADDRESS	8130 Colonial Village Dr #206
CITY-ST-ZIP	TAMPA FL 33647	1.4 CITY-ST-ZIP	Tampa FL 33625
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *W.S. Rodgers III* SIGNATURE REQUIRED: *W.S. Rodgers III* DATE: **4/25/99** DAYTIME PHONE #: **813-926-4229**

CR2E034 (11/98)