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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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May 05, 1999 8:00 am Secretary of State

05-05-1999 90029 022 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000021368

RODGO CONSTRUCTION INCORPORATED

Principal Place of Business Mailing		Mailing Address				
		6302 61ST DR. EAST				
PALMETTO FL 33421		PALMETTO FL 33421			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed	
					03/05/1998	
2. Principal Place of Business		2a Mailing Address	2a. Mailing Address		4. FEI Number Applied For	
¬ `		26			65-08)9756 Not Applicable	
21			Suite, Apt. #, etc.		\$8.75 Additional	
<del>-</del>		27	<b>-</b>		5. Certificate of Status Desired Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cour	ntry	8. This corporation owes the current year Intangible.	
24	25 29		30		Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered Agent	
				81 Name		
	RAWLS, DUANE S			82 Street A	Address (P.O. Box Number is Not Acceptable)	
	00 MULHOLLAND RD.			oz Sueer		
PARI			83			
			ļ		log 1 75 Octo	
				84 City	FL 85 Zip Code	
SIGNATURE	m familiar with, and accept the obligat				equired when reinstating) DATE	
	Signature, typed or printed name of registered agen OFFICERS AN	·	13.	-igenit signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	□ DELETE	1.1 TIT	.E	☐ Change ☐ Addition	
NAME	RODRIGUEZ, BENJAMIN M		1.2 NA	ľ		
	6302 61ST DR. EAST			REET ADDRESS		
STREET ADDRESS	PALMETTO FL 33421			Y-ST-ZIP		
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TIT		☐ Change ☐ Addition	
NAME	RODRIGUEZ, PENNY C	<del></del>	2.2 NA			
STREET ADDRESS	6302 61ST DR. EAST		1	REET ADDRESS		
	PALMETTO FL 33421			Y-ST-ZIP		
CITY-ST-ZIP TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ DELETE	3.1 TIT		☐ Change ☐ Addition	
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	REET ADDRESS		
City-ST-ZIP			3.4. CF	Y-ST-ZIP		
TITLE	DELETE		4.1 TIT		☐ Change ☐ Addition	
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	5.1 TIT	LE	☐ Change ☐ Addition	
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET ADDRESS		
CITY-ST-ZIP			5.4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	6.1 TIT	LE	☐ Change ☐ Additio	
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY_ST_7IP				Y-ST-ZIP		
44 Ibarahira	certify that the information supplied with	th this filing does not qualify for t	he exer	nption stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
14. I hereby of indicated officer or	an this appual report or supplemental	l annual report is true and accurativer or trustee empowered to exa	6.4 Cm the exer ate and ecute th	Y-ST-ZIP nption stated that my signal is report as r	required by Chapter 607, Florida Statutes; and that my name appears in	