Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90022 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000086097

RODGERS BROTHERS LAND COMPANY											
Principal Place	e of Business	Mailing Address					1)0011001		66111 82111 641	i di 18 11 0 diliti da lka k	1111 1991 1981
575 CENTER RD. P.O. BOX 1555 VENICE FL 34293 VENICE FL 34284					DO NOT WRITE IN TH				IS SPACE		
							3. Date Incorpo			13 GI AGE	
							10/05/199				,
2. Principal Place of Business 2a. Mailing Address			ess				4. FEI Number			App	lied For
_ `		H .	26				65-08	73531		Not	Applicable
Suite, Apt.	0 -US Hwy 27	Suite, Apt. #, etc.								\$8.75 A	dditional
22		27					Certificate of	Status Desired	·	Fee Rec	uired
City & State	9	City & State	<u></u>				6. Election Can	npaign Financii	ng 🖂	\$5.00 N	May Be
Lees	burg FL 34	7 28					Trust Fund (Contribution	<u> </u>	Added to	Fees
Zip	Country	Zip	30	Country			This corporal Personal Pro		current year		□No
<u>24 3474</u>	9. Name and Address of Currer	29 Agent	[30]	\neg			10. Name and	·	w Registere		
	5. Name and Address of Conte	it regiotered Agent	****	81	Name						
RODGERS, SAM R				82	Street A	Address	(P.O. Box Num	ber is Not Acc	eptable)	<u></u>	
575 CENTER RD. VENICE FL 34293							<u> </u>				
AEM	ICE PL 34293			83						_	
		•		84	City				F	85 Zip C	ode
office or t	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such char	ge was author	rizea ov	tne corbo	corpora oration's	tion submits this board of directo	statement for ors, I hereby ac	cept the app	or changing its regionistment as reg	egistered istered
CIGIATIONE	Signature, typed or printed name of registered age				t signature re	equired wh	en reinstating)		DATE		20.01.40
12.	OFFICERS AN	ND DIRECTORS		13.			ADDITIONS/0	CHANGES TO	OFFICERS	AND DIRECTOR Change	Addition
TITLE	Sar R. Rodgers			1.1 TITLE		Pr	esident	/Dir		☐ Gridinge	
NAME	٥			1.2 NAME		Sa	m R. Ro	dgers			
STREET ADDRESS				1.3 STREET		44	8 Baysh	ore Dr	• _		
CITY-ST-ZIP				1.4 CITY-ST 2.1 TITLE	r-zip	_Ve	nic e, F	L 342	8.5	☐ Change	Addition
TITLE				2.2 NAME		VI	CE PRES	IDENT/	Dir		
NAME			li i	2.3 STREET	ADDRESS	RE	X S. RO	DGERŞ			
STREET ADDRESS				2.4 CITY-S			7 S.HAR	BOR DR	• 0.5		
CITY-ST-ZIP TITLE				2.4 GITT-5 3.1 TITLE	11-ZIF			FL 34		☐ Change	☐ Addition
NAME		_		3.2 NAME			CE PRES	•			
STREET ADDRESS				3.3 STREET	ADDRESS		CHARD D				
CITY-ST-ZIP				3.4. CITY-S			25 NUNN	_			
TITLE			ELETE	4.1 TITLE			KELAND,			☐ Change	☐ Addition
NAME				4. 2 NAME			C/TREAS		ır		
STREET ADDRESS				4.3 STREET	ADDRESS		RY A RO				
CITY-ST-ZIP				4.4 CITY-S	T-ŽIP		8 BAYSE				
TITLE			ELETE	5.1 TITLE		VE	NICE	FL 3	4285	☐ Change	☐ Addition
NAME				5.2 NAME							
STREET ADDRESS				5.3 STREET	ADDRESS						
CITY-ST-ZIP				5.4 CITY-S	T-ZIP					****	
TITLE 57				6.1 TITLE						☐ Change	☐ Addition
NAME				6.2 NAME							

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 of 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

493-66.26 Daytime Phone #