

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90057 049 ***150.00

DOCUMENT # S46844

1. Corporation Name

ROGERS AUTO BODY, INC.

Principal Place of Business

**800 W HWY 434
LONGWOOD FL 32750**

Mailing Address

**6051 LINNEAL BEACH DR
APOPKA FL 32703
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/22/1991

4. FEI Number

59-3061564

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

9. Name and Address of Current Registered Agent

**ROGERS, GARY J
6051 LINNEAL BEACH DR
APOPKA FL 32703**

10. Name and Address of New Registered Agent

81 Name

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

116 Via Duomo

New Smyrna Beach

84 City

FL 85 Zip Code
32169

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 **PT** ☐ DELETE

NAME **ROGERS, GARY J**
STREET ADDRESS **6051 LINNEAL BEACH DR**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☐ DELETE

NAME **ROGERS, GARY J**
STREET ADDRESS **6051 LINNEAL BEACH DR**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **S** ☐ DELETE

NAME **ROGERS, DONNA M.**
STREET ADDRESS **6051 LINNEAL BEACH DR**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **116 Via Duomo**

1.4 CITY-ST-ZIP **New Smyrna Beach FL 32169** ☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS **same change**

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **same change**

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

4-27-99 (904) 423-7692

Date

Daytime Phone #

CR2E034 (11/98)