## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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FILED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandr<u>a</u> ANNUAL REPORT Secretary of State 97 AUG -4 PM 1:56 1997 **DIVISION OF CORPORATIONS** SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # V30413 (1)ROGERSON, INC. Principal Place of Business Mailing Address **POST OFFICE BOX 844** POST OFFICE BOX 844 ANNA MARIA FL 34216 ANNA MARIA FL 34216 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 04/20/1992 04/30/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 65-0329361 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible □Ño 30 Personal Property Tax due June 30. 🕽 Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROGERSON, JACKELYN Y. 9604 GULF DR. 82 Street Address (P.O. Box Number is Not Acceptable) ANNA MARIA FL 34216 83 84 City Zip Code 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1000002261081 DELETE TITLE D 1.1 TITLE NAME ROGERSON, DAVID P. 1.2 NAME -08/07/97---01101---021 9604 GULF DR. 1.3 STREET ADDRESS STREET ADDRESS \*\*\*\*165.00 \*\*\*\*165.00 ANNA MARIA FL CITY - ST - ZIP 1.4 OffY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME ROGERSON, JACKELYN Y. 22 NAME 9604 GULF DR. 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP anna maria fi 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - ST - Z)P DELETE 5.1 TITLE Change \_\_\_ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIF 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. I do 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 eath; that I am an officer or director of the corporation or the receiver or trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 11 if changed, or on an attachment with an address.

911-118-2017

July 23, 1997

Rogerson dre. 80 Brx 844 Arma Maria H 84216 FEIA 65-0329361

Horika Dept. of State 1997 Parjed Confloation Annual Report.

In reference to the armend report received.

1/21/97 Dominant # V3 at 13. This
is the first packet we have
received balthough it was stamped
second motrice. I would not ignal
Domething this important. I called
your office 1/21/97 and spoke to
Jacket on Projet Corp. Immed Reports.
John Daid I should just write, tell
you this is my first motice and
Don't a cheek offort 165.00.

Smeuly, Jackelyn Rozeron Rozerom, bre. FEI 65.0329361