

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V71210** (1)

1. Corporation Name
G. DAVID ROGERS AND ASSOCIATES, INC.



Principal Place of Business
**214 S. MONROE STREET
TALLAHASSEE FL 32301
US**

Mailing Address
**P. O. BOX 11026
TALLAHASSEE FL 32302
US**

3. Date Incorporated or Qualified: **10/09/1992**
3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-3147220**
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 has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business
21. State, Apt. #, etc.
22. City & State
23. Zip
24. County

2a. Mailing Address
26. State, Apt. #, etc.
27. City & State
28. Zip
29. County

9. Name and Address of Current Registered Agent

**ROGERS, G. DAVID
214 S. MONROE STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.02(2) and 607.15(5), Florida Statutes, the above named corporation hereby certifies for the purpose of changing its registered office or registered agent, or both, in the State of Florida, that 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 provisions of Sections 607.02(2) and 607.05(2), Florida Statutes.

SIGNATURE: *G. David Rogers*

FL 4-26-96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	G DAVID ROGERS	
STREET ADDRESS	214 S. MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROGERS, HARDIE	
STREET ADDRESS	214 S. MONROE STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(e), 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 registered business registered to execute the report and that, Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE: *G. David Rogers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 (904) 681-0494

CR2E034 (12/95)