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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

387236

(3)

PHILJOHN, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					i diari diari dibit diari ibai	
60 W ROBINS			60 W ROBINSON STREET			
P.O. BOX 3753 ORLANDO FL 32802		P.O. BOX 3753 ORLANDO FL 32802	P.O. BOX 3753 ODI ANDO EL 32902		DO NOT WRITE IN THIS SPACE	
Olichido I C dedic		ONLANDO TE UZUGE	OTHER DESIGNATION OF THE PERSON OF THE PERSO		3. Date Incorporated or Qualified	
					08/23/1971	
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26			59-2496544	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State		27 City 6 Ctata	City & State			Fee Required
	u	├			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Zip Country		Trust Fund Contribution	Added to Fees
24	25		29 30		This corporation owes or has paid the cu Personal Property Tax due June 30.	Yes X No
	9. Name and Address of Curr		1001		10. Name and Address of New Registered	
HIN	SON, J.A.			81 Name		
	W ROBINSON			82 Street A	Address (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32801			oz Street Ad		Hotress (F.O. Box Number is Not Acceptable)	
				83		
				84 City		85 Zip Code
				- '	FL	• · ·
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Statules.						
SIGNATURE Signature, typed or printed name of regulared agent and title if applicable [NOTE Registered Agent signature required when reinstating) DATE						
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TI	TLE		Change Addition
NAME	HINSON, J.A.		1.2 N/	ME .		
STREET ADDRESS	60 W ROBINSON ST		1.3 \$1	REET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 0	TY-ST-71P		
TITLE	\$TD	☐ DELETE	2.1 Ti	ILE		Change Addition
NAME	BURNETT, H. L.		22 N	AME		
STREET ADDRESS	60 W. ROBINSON ST.		2.3 \$1	REET ADDRESS		
CITY+ST-ZIP	ORLANDO FL			ITY-ST-ZIP		
TITLE	VD	☐ DELETE				Change Addition
NAME	SIMON, R.A.		3.2 N/			
STREET ADDRESS	60 W. ROBINSON ST			REET ADDRESS		
CITY-ST-ZIP	ORLANDO FL ASTD	DELETE		TY-ST-ZIP		Change Addition
TITLE NAME	PUREY, E. F., III	F" DETERM	4.1 II			C Cuange C Macking
STREET ADDRESS	60 WEST ROBINSON STREET	-T		REET ADDRESS		
CITY-ST-ZiP	ORLANDO FL	••		IY-ST-ZIP		
TITLE	T-101170 1 5	DELETE				Change Addition
NAME		_	5.2 NA			. –
STREET ADDRESS			1	REET ADDRESS		
CITY-ST-ZIP				TY-ST-21P		
TITLE		DELETE				Change Addition
NAME			6.2 NA	.ME		
STREET ADDRESS			6.3 ST	REET ADDRESS		
CITY-ST-ZIP			6.4 CI	TY-ST-ZIP		
44 11	414 (1) (1) (1)				1 . C - L - 440 07/0V) F(- ' - D(- 14 - 14 - 15 - 15 - 15 - 15 - 15 - 15	

Thereby 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.

J. A. HINSON