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**95 APR 24 PM 3:30**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 466797 (8)**

**1. Corporation Name  
PHILOMOD CORPORATION**

**Principal Place of Business Mailing Address  
4356 YACHT CLUB RD. JACKSONVILLE FLORIDA 32210 4356 YACHT CLUB RD. JACKSONVILLE FLORIDA 32210**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified 12/28/1974 3a. Date of Last Report 08/02/1994**

**2. Principal Place of Business 2a. Mailing Address**

**21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.**

**22 City & State 27 City & State**

**23 Zip Country 28 Zip Country**

**24 Zip Country 29 Zip Country 30 Zip Country**

**4. FEI Number 59-2706684 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**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**DAZE, DOUGLAS E  
4577 HUNTINGTON ROAD  
JACKSONVILLE FL 32210**

**81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 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) DATE**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**TITLE PD  
NAME SONNTAG, ROBERT E  
STREET ADDRESS 4356 YACHT CLUB RD  
CITY - ST - ZIP JACKSONVILLE, FL 00000**

**1 1 TITLE Change Addition  
1 2 NAME  
1 3 STREET ADDRESS  
1 4 CITY - ST - ZIP**

**TITLE VD  
NAME SONNTAG, EDWARD J  
STREET ADDRESS 4356 YACHT CLUB RD  
CITY - ST - ZIP JACKSONVILLE, FL 00000**

**2 1 TITLE Change Addition  
2 2 NAME  
2 3 STREET ADDRESS  
2 4 CITY - ST - ZIP**

**TITLE D  
NAME DAZE, JULIAS  
STREET ADDRESS 4577 HUNTINGTON ROAD  
CITY - ST - ZIP JACKSONVILLE FL**

**3 1 TITLE Change Addition  
3 2 NAME  
3 3 STREET ADDRESS  
3 4 CITY - ST - ZIP**

**TITLE STD  
NAME SONNTAG, AGNES J  
STREET ADDRESS 4356 YACHT CLUB RD  
CITY - ST - ZIP JACKSONVILLE, FL 00000**

**4 1 TITLE Change Addition  
4 2 NAME  
4 3 STREET ADDRESS  
4 4 CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**5 1 TITLE Change Addition  
5 2 NAME  
5 3 STREET ADDRESS  
5 4 CITY - ST - ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

**6 1 TITLE Change Addition  
6 2 NAME  
6 3 STREET ADDRESS  
6 4 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 110.07(3)(k), 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.**

**SIGNATURE: R. E. Sonntag R. E. SONNTAG 4/19/95 904-387-4337**