

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 # **832152** (3)

1. Corporation Name
PHILLIPS AND JORDAN, INCORPORATED



Principal Place of Business: **6621 WILBANKS ROAD KNOXVILLE TN 37912-1314**
Mailing Address: **6621 WILBANKS ROAD KNOXVILLE TN 37912-1314**

2. Principal Place of Business	2a. Mailing Address
21 State, Apt #, etc.	26 State, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 County	29 County
25	30

3. Date Incorporated or Qualified 04/11/1974	3a. Date of Last Report 06/20/1995
4. FEI Number 56-0694573	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

11. Pursuant to the provisions of Sections 607.0607 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, W. T., SR.	1.2 NAME	
STREET ADDRESS	800 BRIXWORTH BLVD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	KNOXVILLE TN	1.4 CITY, ST, ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, CECIL B	2.2 NAME	
STREET ADDRESS	CRACKER NECK VALLEY RD	2.3 STREET ADDRESS	
CITY, ST, ZIP	WASHBURN TN	2.4 CITY, ST, ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, BEN R.	3.2 NAME	
STREET ADDRESS	610 E CARTER RD	3.3 STREET ADDRESS	
CITY, ST, ZIP	LAKELAND FL	3.4 CITY, ST, ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, W.T. J	4.2 NAME	
STREET ADDRESS	5818 LYONS VIEW DR	4.3 STREET ADDRESS	
CITY, ST, ZIP	KNOXVILLE TN	4.4 CITY, ST, ZIP	
TITLE	VPTD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLEN, J PATRICK	5.2 NAME	
STREET ADDRESS	6504 LAMBENT LANE	5.3 STREET ADDRESS	
CITY, ST, ZIP	KNOXVILLE TN	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 its 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, Part 9, or on a attachment with an address.

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF/VP/Treas 2/1/96 423-688-8342

CR2E034 (12/95)