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

FILED May 05 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 832152 (3) PHILLIPS AND JORDAN, INCORPORATED Principal Place of Business Mailing Address 6621 WILBANKS ROAD **6621 WILBANKS ROAD** KNOXVILLE TN 37912-1314 KNOXVILLE TN 37912-1314 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/11/1974 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 56-0694573 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional D 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Zin Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \quad \text{No} No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 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, typod or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE PHILLIPS, W. T., SR. 1.2 NAME NAME 800 BRIXWORTH BLVD. STREET ADDRESS 1.3 STREET ADDRESS KNOXVILLE TN CITY-ST-ZIP 1.4 CITY-ST-ZIP **Addition** DELETE Change TITLE 21 TITLE PATTERSON, CECIL B Nichols, Connie H. 902 Forest Ridge Circle 22 NAME CRACKER NECK VALLEY RD STREET ADDRESS 2.3 STREET ADDRESS Washburn tn CITY-ST-ZIP 2.4 CITY - ST-ZIP Knoxville TN Change DELETE Addition TITI F 3.1 TITLE TURNER, BEN R. Turner, Ben R. 35502 Butts Landing 3.2 NAME MALE **610 E CARTER RD** 3.3 STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP 3.4. CITY - ST - ZIP Dade City FL DELETE Change Addition 4.1 TITLE TITLE PHILLIPS, W.T. J RAME 4. 2 NAME 5818 LYONS VIEW DR 4 3 STREET ADDRESS STREET ADDRESS KNOXVILLE TN CITY-ST-ZIP 4.4 City-St-ZIP Change DELETE 5.1 TITLE Addition TITLE MCMULLEN, J PATRICK 5.2 NAME McMullen, I Patrick **6504 LAMBENT LANE** 16 Hickory Place Norts TN STREET ADDRESS 5.3 STREET ADDRESS KNOXVILLE TN CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 supplied manual 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 composition of 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 of or an attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

DELETE

SIGNATURE: 5

TITLE

NAME

STREET ADDRESS

J. Patrick McHullen 4-27-98

Change

Addition