


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

FILED  
Mar 18 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P97000097395 (2)</b> 1. Corporation Name <b>PHILLIPS SALES, INC.</b>		

Principal Place of Business	Mailing Address
3320 SOUTH U.S. HIGHWAY 27/441 FRUITLAND PARK FL 34731	3320 SOUTH U.S. HIGHWAY 27/441 FRUITLAND PARK FL 34731

2. Principal Place of Business		2a. Mailing Address	
21	8629 US Hwy 441	2b	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Leesburg, FL	27	
City & State		City & State	
23		28	
Zip		Zip	
24	34788	Country	
25	USA	29	
		30	

DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>11/14/1997</b>					
4. FEI Number <b>S9-3479428</b>	<table border="1"> <tr> <td></td> <td>Applied For</td> </tr> <tr> <td></td> <td>Not Applicable</td> </tr> </table>		Applied For		Not Applicable
	Applied For				
	Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>				
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>				
8. This corporation owes or has paid the current-year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent	
CAUTHEN, WILLIAM H ESO 215 NORTH JOANNA AVENUE TAVARES FL 32778	81 Name <u>La</u>
	82 Street Address
	83 <u>3220</u>
	84 City <u>Fruit</u>

10. Name and Address of New Registered Agent

erry M. Phillips  
ess (P.O. Box Number is Not Acceptable)

South US Hwy 27/441  
land Park FL 85 Zip Code 34731

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13.	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8629 US HWY 441 LEESBURG, FL 34788	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby 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 as an attachment with an address.

SIGNATURE: 

CPZ E034 (10/97)