FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT · 1995

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

FILED
95 may 1 AM 7:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002412 (4)

1. Corporation Name
THE PHOENIX TRUST, INCORPORATED

Principal Place of Business
320 BANYAN DR
MAITLAND FL 32751

Mailing Address
320 BANYAN DR
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1994
3a. Date of Last Report:
4. FEI Number: 593268952 — Applied For / Not Applicable

2. Principal Place of Business
21 200 E. GRANADA BLVD
Suite, Apt. #, etc.
22 Suite 203
City & State
23 Ormond Beach FL
Zip 24 32176 Country 25 USA

2a. Mailing Address
26 200 E. GRANADA BLVD
Suite, Apt. #, etc.
27 Suite 203
City & State
28 Ormond Beach FL
Zip 29 32176 Country 30 USA

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
SCOVOTTO, LAWRENCE E
320 BANYAN DR
MAITLAND FL 32751

10. Name and Address of New Registered Agent
81 Name: LAWRENCE E SCOVOTTO
82 Street Address (P.O. Box Number is Not Acceptable): 200 E. GRANADA BLVD
83 Suite 203
84 City: Ormond Beach FL 85 Zip Code: 32176

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] Signature (and or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	AUSTIN, WILLIAM H	1.2 NAME	
STREET ADDRESS	2111 S MANHATTAN AVE	1.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33629	1.4 CITY ST ZIP	
TITLE	DT	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLITS, JAMES H	2.2 NAME	
STREET ADDRESS	905 LEMON RD	2.3 STREET ADDRESS	
CITY ST ZIP	S DAYTONA FL 32119	2.4 CITY ST ZIP	
TITLE	DV	3.1 TITLE	☐ Change ☐ Addition
NAME	REYNOLDS, CHRIS	3.2 NAME	
STREET ADDRESS	6910 WILLIAMS DR	3.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL 33634	3.4 CITY ST ZIP	
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	HALSTEAD, DAVID	4.2 NAME	
STREET ADDRESS	105 POLE LN	4.3 STREET ADDRESS	
CITY ST ZIP	SANFORD FL 32771	4.4 CITY ST ZIP	
TITLE	M	5.1 TITLE	M ☐ Change ☑ Addition
NAME		5.2 NAME	LAWRENCE E. SCOVOTTO
STREET ADDRESS		5.3 STREET ADDRESS	200 E. GRANADA BLVD #203
CITY ST ZIP		5.4 CITY ST ZIP	Ormond Beach, FL 32176
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP	DEPOSITED BY BANK	6.4 CITY ST ZIP	RC

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 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4/7/95 — Daytime Phone #: 904 676-2744

0003190