

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 832152

**Entity Name:** PHILLIPS AND JORDAN, INCORPORATED

**Current Principal Place of Business:**

10142 PARKSIDE DRIVE  
SUITE 500  
KNOXVILLE, TN 37922

**Current Mailing Address:**

10142 PARKSIDE DRIVE  
SUITE 500  
KNOXVILLE, TN 37922 US

**FEI Number:** 56-0694573

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	DIRECTOR, CHAIRMAN	Title	DIRECTOR, VICE CHAIRMAN, CEO
Name	PHILLIPS, AVIS A.	Name	PHILLIPS, JR., WILLIAM T.
Address	30115 STATE ROAD 52 SUITE 301	Address	10142 PARKSIDE DRIVE SUITE 500
City-State-Zip:	SAN ANTONIO FL 33576	City-State-Zip:	KNOXVILLE TN 37922
Title	DIRECTOR, PRESIDENT	Title	CFO
Name	MCMULLEN, JOHN PATRICK	Name	MCISAAC, BRYAN M.
Address	10142 PARKSIDE DRIVE SUITE 500	Address	10142 PARKSIDE DRIVE SUITE 500
City-State-Zip:	KNOXVILLE TN 37922	City-State-Zip:	KNOXVILLE TN 37922
Title	SECRETARY, TREASURER	Title	VICE PRESIDENT
Name	GARNER, JASON R.	Name	RILEY, RUSSELL PAGE
Address	10142 PARKSIDE DRIVE SUITE 500	Address	10142 PARKSIDE DRIVE SUITE 500
City-State-Zip:	KNOXVILLE TN 37922	City-State-Zip:	KNOXVILLE TN 37922
Title	VICE PRESIDENT	Title	DIRECTOR
Name	BEST, JEREMY L.	Name	WHITSON, LESA P.
Address	10142 PARKSIDE DRIVE SUITE 500	Address	10142 PARKSIDE DRIVE SUITE 500
City-State-Zip:	KNOXVILLE TN 37922	City-State-Zip:	KNOXVILLE TN 37922

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARNER, JASON R.

**SECRETARY**

**04/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SHULER, JR., CALVIN LAMAR  
Address 10142 PARKSIDE DRIVE  
SUITE 500  
City-State-Zip: KNOXVILLE TN 37922

Title VP  
Name WAGLEY, MATTHEW  
Address 10142 PARKSIDE DRIVE  
SUITE 500  
City-State-Zip: KNOXVILLE TN 37922

Title VP  
Name LYLE, DAVID  
Address 10142 PARKSIDE DRIVE  
SUITE 500  
City-State-Zip: KNOXVILLE TN 37922

Title DIRECTOR  
Name ROSE, JAMES F.  
Address 10142 PARKSIDE DRIVE  
SUITE 500  
City-State-Zip: KNOXVILLE TN 37922

Title VP  
Name HOKE, MICHAEL P.  
Address 10142 PARKSIDE DRIVE  
SUITE 500  
City-State-Zip: KNOXVILLE TN 37922