

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 # 275861 (3)

1. Corporation Name
JAMES E. PHILLIPS, INC.



Principal Place of Business Mailing Address
32 E ST 32 E ST
FROSTPROOF FL 33843 FROSTPROOF FL 33843

3. Date Incorporated or Qualified 11/19/1963	3a. Date of Last Report 03/21/1995
4. FET Number 59-1032099	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

PHILLIPS, GLADYS H
32 E. ST.
FROSTPROOF FL 33843

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	1. NAME	1. TITLE	1. NAME
2. STREET ADDRESS	2. STREET ADDRESS	2. STREET ADDRESS	2. STREET ADDRESS
3. CITY, ST, ZIP	3. CITY, ST, ZIP	3. CITY, ST, ZIP	3. CITY, ST, ZIP
4. TITLE	4. NAME	4. TITLE	4. NAME
5. STREET ADDRESS	5. STREET ADDRESS	5. STREET ADDRESS	5. STREET ADDRESS
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100. TITLE	100. NAME	100. TITLE	100. NAME

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: Gladys H. Phillips Pres. Feb. 12, 1996 941-635-3385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)