

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$975)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -7 AM 8:40
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # 333419 (0)

1. Corporation Name:
 JOHN H. PHIPPS, INC.

Principal Place of Business: COUNTY ROAD 12, PO BOX 3048, TALLAHASSEE FL 32315-3048
 Mailing Address: COUNTY ROAD 12, PO BOX 3048, TALLAHASSEE FL 32315-3048

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/02/1968
 3a. Date of Last Report: 07/19/1994
 4. FBI Number: 59-1223735
 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. 189.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent:
 LANE, W H
 COUNTY ROAD 12
 TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent:
 b1 Name
 b2 Street Address (P.O. Box Number is Not Acceptable)
 b3
 b4 City FL b5 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PHIPPS, COLIN S
STREET ADDRESS	820 LAKE RIDGE DRIVE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	D
NAME	PHIPPS, JOHN E
STREET ADDRESS	ORCHARD POND PLANTATION
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	DT
NAME	LANE, W. H.
STREET ADDRESS	3919 LAKEVIEW DRIVE
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	DP
NAME	BOYLE, DENNIS O.
STREET ADDRESS	3078 SHAMROCK N.
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	S
NAME	KIRKLAND, ANNETTE C.
STREET ADDRESS	ROUTE 32, BOX 815
CITY - ST - ZIP	TALLAHASSEE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	4300 North Meridian Road	
1.4 CITY - ST - ZIP	32312	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS	Route 3, Box 1859	
5.4 CITY - ST - ZIP	Quincy, FL 32351	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 110.07(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: W. H. Lane 6/29/95 904/668-0842
Signature and typed or printed name of signing officer or director Date (Day/Mo/Yr)

CR2E034 (3/95)