

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 333419 (0)

1. Corporation Name

JOHN H. PHIPPS, INC.

FILED
Jun 24, 1996 08:00 AM
Secretary of State



Principal Place of Business Mailing Address
~~COUNTY ROAD 12~~
~~PO BOX 3048~~
~~TALLAHASSEE FL 32315-0048~~

2. Principal Place of Business 2a. Mailing Address
21 3110 Capital Circle NE 26 3110 Capital Circle NE
Suite, Apt. #, etc Suite, Apt. #, etc
22 Second Floor 27 Second Floor
City & State City & State
23 Tallahassee, FL 28 Tallahassee, FL
Zip Country Zip Country
24 32308 25 USA 29 32308 30 USA

3. Date Incorporated or Qualified 08/02/1968 3a. Date of Last Report 07/07/1995
4. FEI 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANE, W H
~~COUNTY ROAD 12~~
~~TALLAHASSEE FL 32312~~

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
3110 Capital Circle NE
83 Second Floor
84 City Tallahassee FL 85 Zip Code 32308

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, typed or printed name of the person appointed and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	PHIPPS, COLIN S	4300 N MERIDIAN ROAD	TALLAHASSEE FL	<input type="checkbox"/>
D	PHIPPS, JOHN E	ORCHARD POND PLANTATION	TALLAHASSEE FL	<input type="checkbox"/>
DT	LANE, W. H.	3919 LAKEVIEW DRIVE	TALLAHASSEE FL	<input type="checkbox"/>
DP	BOYLE, DENNIS O.	3078 SHAMROCK N.	TALLAHASSEE FL	<input type="checkbox"/>
S	KIRKLAND, ANNETTE C.	ROUTE 3, BOX 1859	QUINCY FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGE	ADDITION
11				<input type="checkbox"/>	<input type="checkbox"/>
12				<input type="checkbox"/>	<input type="checkbox"/>
13				<input type="checkbox"/>	<input type="checkbox"/>
14				<input type="checkbox"/>	<input type="checkbox"/>
21				<input type="checkbox"/>	<input type="checkbox"/>
22				<input type="checkbox"/>	<input type="checkbox"/>
23				<input type="checkbox"/>	<input type="checkbox"/>
24				<input type="checkbox"/>	<input type="checkbox"/>
31				<input type="checkbox"/>	<input type="checkbox"/>
32				<input type="checkbox"/>	<input type="checkbox"/>
33				<input type="checkbox"/>	<input type="checkbox"/>
34				<input type="checkbox"/>	<input type="checkbox"/>
41				<input type="checkbox"/>	<input type="checkbox"/>
42				<input type="checkbox"/>	<input type="checkbox"/>
43				<input type="checkbox"/>	<input type="checkbox"/>
44				<input type="checkbox"/>	<input type="checkbox"/>
51				<input type="checkbox"/>	<input type="checkbox"/>
52				<input type="checkbox"/>	<input type="checkbox"/>
53				<input type="checkbox"/>	<input type="checkbox"/>
54				<input type="checkbox"/>	<input type="checkbox"/>
61				<input type="checkbox"/>	<input type="checkbox"/>
62				<input type="checkbox"/>	<input type="checkbox"/>
63				<input type="checkbox"/>	<input type="checkbox"/>
64				<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. H. Lane

6/11/96

904/297-6082

CR2E034 (3/96)