FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 3:36

DOCUMENT # **502828** **(7)**

1. Corporation Name
PHILLIPS GROVES, INC.

Principal Place of Business	Mailing Address
219 FLORAL ST OCOEE FL 34761-2622 UE	~~PO BOX 129~~ OCOEE FL 34761-0129 UE

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/10/1976**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 219 Floral St
Suite, Apt. #, etc.
27
City & State
28
Zip 29 34761-2622 Country 30

4. FEI Number: **59-1667150** ☐ 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

PHILLIPS, JAMES D
219 FLORAL ST
OCOEE FL 34761

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 607.1508, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	DELETE	☑ Change ☐ Addition
NAME	FINNEY, WILLIAM L	12 NAME	FINNEY, WILLIAm	
STREET ADDRESS	3011 RAVEN ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE	T/S/D	☑ Change ☐ Addition
NAME	PHILLIPS, CATHY L	22 NAME	PHILLIPS, CATHY L.	
STREET ADDRESS	8631 VALLEY RIDGE COURT	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, DIAN S	32 NAME		
STREET ADDRESS	12436 SUMMERPORT BCH WAY	33 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE, FL 00000	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	PHILLIPS, JAMES D	42 NAME		
STREET ADDRESS	12436 SUMMERPORT BCH WAY	43 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE, FL 00000	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: Cathy L. Phillips CATHY L PHILLIPS, Director 4-10 95 407-656-4334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0482961 FP