

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90085 040 ***150.00

0333943

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 647023

1. Corporation Name

PHILLIPS, GEORGE W., P.A.



Principal Place of Business 14502 N. DALE MABRY 300 TAMPA FL 33618 US	Mailing Address 14502 N. DALE MABRY 300 TAMPA FL 33618 US
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14499 N. Dale Mabry Suite, Apt. #, etc. 22 166 City & State 23 Tampa, FL Zip 24 33618 Country 25 US	2a. Mailing Address 26 14499 N. Dale Mabry Suite, Apt. #, etc. 27 166 City & State 28 Tampa, FL Zip 29 33618 Country 30 US
--	---

3. Date Incorporated or Qualified 12/04/1979	4. FEI Number 59-1950826	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent PHILLIPS, GEORGE W 14502 N DALE MABRY SUITE 300 TAMPA FL 33618	10. Name and Address of New Registered Agent 81 Name George W. Phillips 82 Street Address (P.O. Box Number is Not Acceptable) 14499 N. Dale Mabry 83 Suite 166 84 City Tampa FL 85 Zip Code 33618
--	---

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <input checked="" type="checkbox"/> DELETE <input checked="" type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition
PD PHILLIPS, GEORGE W. 3403 VALLEY RANCH DR. LUTZ FL			
VPD AMAN, JEFFREY A 14502 N DALE MABRY #300 TAMPA FL 33618			
D LINS, D M 14502 N DALE MABRY #300 TAMPA FL 33618			
		S.T. D Douglas C. Zahm 18830 U.S. Hwy. 19 N. Suite 300 Clearwater, FL 34624	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

813-265-2119

Date

Daytime Phone #

CR2E034 (11/98)