

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90014 028 ***150.00

DOCUMENT # 672448

1. Corporation Name

M. PHILLIPS SERVICE CO., INC.

Principal Place of Business

4397 BOCAIRE BLVD.
BOCA RATON FL 33487
US

Mailing Address

P.O. BOX 27-6288
BOCA RATON FL 33427-6288
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1980

4. FEI Number

59-2369710

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

PHILLIPS, MARLOWE A.
4397 BOCAIRE BLVD.
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81. Name

Phillips, Marlowe A.

82. Street Address (P.O. Box Number is Not Acceptable)

4099 NW 60th Circle

83.

Boca Raton, FL. 33496

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

Marlowe Phillips

DATE

1/14/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME PHILLIPS, MARLOWE A.
STREET ADDRESS 4397 BOCAIRE BLVD.
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

V
NAME PHILLIPS, GERALD
STREET ADDRESS 151 BELLECHASE
CITY-ST-ZIP CHESTERFIELD MO

TITLE ☐ DELETE

S
NAME PHILLIPS, IVONNE
STREET ADDRESS 4397 BOCAIRE BLVD.
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

President
Phillips, Marlowe A.
4099 NW 60th Circle
Boca Raton, FL. 33496

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

Sec.
Phillips, Ivonne
4099 NW 60th Circle
Boca Raton, FL. 33496

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Marlowe A. Phillips (Marlowe A. Phillips)

Date

1/14/99

Daytime Phone #

561-988-4004

CR2E034 (11/98)