

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. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F33463 (3)

1. Corporation Name

PHIPSTAR, INC.



Principal Place of Business

Mailing Address

~~COUNTY ROAD 12~~  
~~PO BOX 3048~~  
TALLAHASSEE FL 32315

~~COUNTY ROAD 12~~  
~~PO BOX 3048~~  
TALLAHASSEE FL 32315

3. Date Incorporated or Qualified

05/05/1981

3a. Date of Last Report

07/07/1995

2. Principal Place of Business

2a. Mailing Address

21 3110 Capital Circle NE

26 3110 Capital Circle NE

4. FEI Number

59-2089474

Applied For

Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

22 Second Floor

27 Second Floor

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

23 Tallahassee, FL

28 Tallahassee, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip 32308

25 Country USA

29 Zip 32308

30 Country USA

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~~

~~P.O. BOX 3048~~

TALLAHASSEE FL 32315

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 and printed name of registered agent and the corporation

(to be signed by registered agent when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME PHIPPS, COLIN S  
STREET ADDRESS 4300 N MERIDIAN ROAD  
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE ST  
NAME LANE, W.H.  
STREET ADDRESS 3919 LAKEVIEW DRIVE  
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE DC  
NAME PHIPPS, JOHN E  
STREET ADDRESS ORCHARD POND PLANTATION  
CITY-ST-ZIP TALLAHASSEE, FL 00000

TITLE D  
NAME BOYLE, DENNIS O.  
STREET ADDRESS 3078 SHAMROCK NORTH  
CITY-ST-ZIP TALLAHASSEE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. H. Lane

6/11/96

904/297-6082

Date

Daytime Phone

CR2E034 (3/96)