

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90153 034 ***150.00

DOCUMENT # F85487

1. Corporation Name

BETTY PHILLIPS, P.A.

Principal Place of Business

C/O BETTY PHILLIPS, P.A.
201 EDGEWOOD DRIVE
WEST PALM BEACH FL 33405
US

Mailing Address

RR 1, BOX 75A
ELLAVILLE GA 31806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1982

4. FEI Number

59-2193050

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

2. Principal Place of Business

2a. Mailing Address

21 115 LINDA LANE

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

PHILLIPS, BETTY
201 EDGEWOOD DR.
WPB FL 33405

10. Name and Address of New Registered Agent

81 Name

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

83 115 Linda Lane

84 City

FL 85 Zip Code
33405

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

BETTY PHILLIPS

4/28/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PHILLIPS, BETTY
STREET ADDRESS 201 EDGEWOOD DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33405

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 115 LINDA LANE
1.4 CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE STD
NAME PHILLIPS, HOWARD
STREET ADDRESS BOX 75A, HWY 26W
CITY-ST-ZIP ELLAVILLE GA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 115 Linda Lane
2.4 CITY-ST-ZIP WEST Palm Beach, Fla 33405

TITLE V
NAME PHILLIPS, THOMAS B
STREET ADDRESS 6105 FRANCIS ST
CITY-ST-ZIP PALM BCH GARDENS FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

561-547-6221

Daytime Phone #

CR2E034 (11/98)