FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUN 29 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000928

1. Corporation Name

Phillippe Enterprises, Inc.

Principal Place of Business	Mailing Address
7030 Evergreen Woods Trail Spring Hill, FL 34608	9200 Keystone Crossing Suite 800 Indianapolis, IN 46240

DO NOT WRITE IN THIS SPACE.

2. Date Incorporated or Qualified: 10/26/92	3a. Date of Last Report
21 Principal Place of Business: 7030 Evergreen Woods Trail	28 Mailing Address: 9200 Keystone Crossing
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.: Suite 800
23 City & State: Spring Hill, Florida	26 City & State: Indianapolis, Indiana
24 Zip: 34608 — 25 Country: USA	29 Zip: 46240 — 30 Country: USA
4. FEI Number: 35-1870936	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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

Daniel Benson
1054 Castle Dr.
Spring Hill, FL 34609

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City — FL — 35 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, type or print 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 NAME STREET ADDRESS CITY-ST-ZIP	Chairman of the Board, President Thomas Phillippe, Sr. 9200 Keystone Crossing, Suite 800 Indianapolis, IN 46240	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Vice President, Secretary Thomas Phillippe, Jr. 9200 Keystone Crossing, Suite 800 Indianapolis, IN 46240	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

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****225.00 ****225.00

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)(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.

RC

3177

SIGNATURE: _____ 6/28/95 940-5020
Signature and typed or printed name of officer or director — Date — Telephone Number