

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 25 1997 8:00am
Secretary of State

DOCUMENT # **F95000001636 (8)**

1. Corporation Name

PHILLIPS MANAGEMENT GROUP, INC.

Principal Place of Business

**101 MEADOW DR
STE D
CUMMING GA 30130
US**

Mailing Address

**101 MEADOW DR
STE D
CUMMING GA 30130-2669
US**



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/05/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

58-2151051

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**COOKE, JOHN B
945 MARTINIQUE DRIVE
MERRITT ISLAND FL 32953**

10. Name and Address of New Registered Agent

81 Name

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

83

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

(Type or print name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

11.1 P
NAME PHILLIPS, DAVID P
STREET ADDRESS 1288 BLUE RIDGE OVERLOOK
CITY, ST, ZIP DAWSONVILLE GA

☐ DELETE

11.2 ST
NAME PHILLIPS, BARBARA K
STREET ADDRESS 1288 BLUE RIDGE OVERLOOK
CITY, ST, ZIP DAWSONVILLE GA

☐ DELETE

11.3
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

11.4
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

11.5
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

11.6
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE

☐ Change

☐ Addition

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY - ST - ZIP

11.5 TITLE

11.6 NAME

11.7 STREET ADDRESS

11.8 CITY - ST - ZIP

11.9 TITLE

11.10 NAME

11.11 STREET ADDRESS

11.12 CITY - ST - ZIP

11.13 TITLE

11.14 NAME

11.15 STREET ADDRESS

11.16 CITY - ST - ZIP

11.17 TITLE

11.18 NAME

11.19 STREET ADDRESS

11.20 CITY - ST - ZIP

11.21 TITLE

11.22 NAME

11.23 STREET ADDRESS

11.24 CITY - ST - ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do 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 included 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, unchanged, or on an attachment with an address.

SIGNATURE:

David P. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David P. Phillips

3-17-97

770-886-9262

CR2E034 (9/96)