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Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90102 022 ***158.75

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Mailing Address

-PROFIT **₹C**3RPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000001636 1. Corporation Name

Principal Place of Business

PHILLIPS MANAGEMENT GROUP, INC.

100 COLONY PARK DR STE 301 CUMMING GA 30040 US		100 COLONY PARK DR STE 301 Cumming ga 30040 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/05/1995			
2 Principal Pl	ace of Business	2a. Mailing Address		_	4. FEI Number		Applied For
21		26			58-2151051		Not Applicable
Suite, Apt. i	# etc	Suite, Apt. #, etc.		_		\$8.75	Additional
22		27			5. Certificate of Status Desired		Required
City & State		City & State			6. Election Campaign Financing	\$5.00	0 May Be
23	•	28			Trust Fund Contribution	•	to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Ir	tangible	
24	25	29 30	٠ .		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Current	11		_	10. Name and Address of New Registered	Agent	
			81	Name			
coa	KE, JOHN B			W	inston Crooks		
945 MARKNIQUE DRIVE			82		ddress (P.O. Box Number is Not Acceptable)	#4.0	
MERRITT ISLAND FL 32953			83	L	<u>540 West Blue Heron Blvd.,</u>	#40	
			"	ے ا	/o Blue Heron Apts.		
			84		<u></u>	85 Zip	Code
			<u> </u>	R	liviera Beach F		3404
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m tamiliar with, and accept the obligati	and 607.1508, Florida Statutes, f Florida. Such change was auth ons of, Section 607.0505, Florida	the above orized by Statutes	e-named co the corpora	rporation submits this statement for the purpose cation's board of directors. I hereby accept the appo	or changing i	ts registered registered
		<			s, Agent 4-1-99 uired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	Р	□ DELETE	1.1 TITLE			Change	e ☐ Addition
NAME	PHILLIPS, DAVID P	•	1.2 NAME	İ	,		
STREET ADDRESS	1288 BLUE RIDGE OVERLOOK		1.3 STREE	T ADDRESS			
CITY-ST-ZiP	DAWSONVILLE GA		1.4 C/TY-S	iT-ZiP			
TITLE	ST	☐ DELETE	2.1 TITLE			Change	e
NAME	PHILLIPS, BARBARA K	·	2.2 NAME		•		ĺ
STREET ADDRESS	1288 BLUE RIDGE OVERLOOK		2.3 STREE	T ADDRESS			· · · · · · · · · · · · · · · · · · ·
CITY-ST-ZIP	DAWSONVILLE GA		2. 4 CITY-5				_
TITLE	DATE CALL	□ DELETE	3.1 TITLE			Change	Addition
NAME		-	3.2 NAME				
			1	T ADDRESS			1
STREET ADDRESS			3.4 CITY-S	- 1			Ì
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	51.41L		Change	e Addition
TITLE	,	_ occert	4.2 NAME				_
NAME				T 4 D D D C C C			
STREET ADDRESS		4.5		TADDRESS			ľ
CITY-ST-ZIP		DELETE	4.4 CITY-S	T-ZIP		Change	e
TITLE		. I DETE IF	5.1 TITLE 5.2 NAME	İ			
NAME	•						}
STREET ADDRESS			1	TADDRESS			ł
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		· DELETE	6.1 TITLE	1		Change	e 🗀 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	TADDRESS			{

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 chapter, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

QUPavidrp. Phillips GNING OFFICER OR DIRECTOR

4-1-99

770-886-9262

Daytime Phone #