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"PROFTI CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT · IF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G35057

(0)

PHILLIPS - SLOMAN, INC.

FILED
Apr 04 1997 8:00am
Secretary of State



Principal Place of Business % ERIC B. SLOMAN 1200 W. MEMORIAL BLVD. P.O.BOX 24477 LAKELAND FL 33801-1227 2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State		Mailing Address ** ERIC B. SLOMAN 1200 W. MEMORIAL BLVD. P.O.BOX 24477 LAKELAND FL 33815-1227 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State		 3. Date Incorporated or Qualified 04/20/1983 4. FEI Number 59-2286529 5. Certificate of Status Desired 6. Election Campaign Financing 	38. Date of Last Report 02/16/1996 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be		
23		28			Trust Fund Contribution		ed to Fees
7 _(P)	Country 25	Zip	Country 30			his corporation has liability for intangible tax under s 199 032, forida Statutes Yes No	
<u> </u>	9. Name and Address of Curr		1001	***************************************	10. Name and Address of New Re	gistered Agent	
814 LAH	DMAN, IHLA PHILLIPS LAKE HOLLINGSWORHT DR (ELAND FL 33803 It to the provisions of Sections 607.0 registered agont, or both, in the State of Acceptance agont, or both, in the State of Acceptance with and acceptance.	502 and 607 1508, Florida S lications of Section 607 067	ī.	33 City	dress (P.O. Box Number is Not Acceptable or portation submits this statement for the pation's board of directors. I hereby acceptable or the pation's board of directors.	FL 85 Zi	ip Code g its registered as registered
SIGNATURE					guifed when reinslating)	DATE	
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE NAME STHEET AUDRESS CITY - ST-ZIP	TD PHILLIPS, IHLA R. 804 LK. HOLLINGSWORTH [LAKELAND FL	DELET	1.2 NAM 1.3 STR			☐ Chang	e Addition
NAME STREET ADERESS OUTVISHING	SD SLOMAN, IHLA PHILLIPS 814 LAKE HOLLINGSORTH I LAKELAND FL	☐ DELET DR .	2.2 NAM 2.3 STR			☐ Chang	e Addition
TITLE NAME STREET ADDRESS CHY-S1-ZIP		☐ DELET	3 2 NAM 3.3 STR			☐ Chang	e Addition
TULE NAME STREET ADDRESS CHY-ST-7IP	,	DELET	E 4.1 TITE 4. 2 NAI 4.3 STR	E		☐ Chang	e Addition
THEE NAME STREET ADORESS CITY: ST. ZIP		☐ DELET	E 5.1 TITE 5.2 NAN 5.3 STR	E	Anne Anne Anne Anne Anne Anne Anne Anne	Chang	e [] Addition
THEF NAM: STREET ADDRESS CITY-ST-ZIP		☐ DELET	E 6.1 TITL 6.2 NAN 6.3 SYR 6.4 CIY	E HE EET ADDRESS '-ST-ZIP	od in Soution 119 07/2/iii Elovida Statuta	☐ Chang	

I. 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 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.

SIGNATURE:

ATURE WITH THE OF SIGNA OFFICER OF DIRECTOR 1/1/2 P

3/31/9 7 69-54