

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G65342** (9)

1. Corporation Name

G.M. PHILLIPS & COMPANY



Principal Place of Business

**825 S. TAMiami TR., STE. 1
VENICE FL 34285**

Mailing Address

**825 S. TAMiami TR., STE. 1
VENICE FL 34285**

3. Date Incorporated or Qualified 10/18/1983	3a. Date of Last Report 06/06/1995
4. FEI Number 59-2329999	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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**PHILLIPS, GERALD M.
825 S. TAMiami TRAIL, SUITE 1
VENICE FL 33595**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(PRINT) Registered Agent's Signature (Required for all corporations)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	NAME
NAME	STREET ADDRESS	2. NAME	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	3. CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE	NAME	4. TITLE	NAME
NAME	STREET ADDRESS	5. NAME	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	6. CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE	NAME	7. TITLE	NAME
NAME	STREET ADDRESS	8. NAME	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	9. CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE	NAME	10. TITLE	NAME
NAME	STREET ADDRESS	11. NAME	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	12. CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE	NAME	13. TITLE	NAME
NAME	STREET ADDRESS	14. NAME	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	15. CITY-STATE-ZIP	CITY-STATE-ZIP

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)(k), 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 637, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/96

941-484-3569

CR2E034 (12/95)