

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H46692 (0)

1. Corporation Name

P.H. ENTERPRISES, INC.



Principal Place of Business

1919 W. MAIN ST.
P.O. BOX 819
INVERNESS FL 32651-7819

Mailing Address

1919 W. MAIN ST.
P.O. BOX 819
INVERNESS FL 32651-7819

3. Date Incorporated or Qualified

03/12/1985

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 1879 FOREST DR.

26 P.O. BOX 819

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 INVERNESS FL

28 INVERNESS, FL

24 Zip 34453

25 Country USA

29 Zip 34451

30 Country USA

4. FEI Number

59-2862161

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

10. Name and Address of New Registered Agent

LANGLOIS, RAOUL J.
1919 WEST MAIN STREET
INVERNESS FL 32652

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

Signature (typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME LANGLOIS, RAOUL J.
STREET ADDRESS 1919 W. MAIN STREET
CITY-ST-ZIP INVERNESS FL ☐ DELETE

TITLE ST
NAME DICKINSON, FRED
STREET ADDRESS 1919 W MAIN ST
CITY-ST-ZIP INVERNESS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1 1 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS 864 PRITCHARD ISLAND RD
14 CITY-ST-ZIP INVERNESS, FL. 34451

2 1 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS 3140 EAST GRAPE LEAF LN.
24 CITY-ST-ZIP INVERNESS, FL. 34452

3 1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-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, director, 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAOUL J LANGLOIS

4/15/96 352 3449502

Date

Daytime Phone #

CR2E034 (12/95)