SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **J67691** **(2)**

1. Corporation Name
PHILLIPS MANAGEMENT COMPANY

FILED
1995 AUG -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
C/O WADE DOGGETT P.O. DRAWER 9515 GREENSBORO NC 27429	C/O WADE DOGGETT P.O. DRAWER 9515 GREENSBORO NC 27429

3. Date Incorporated or Qualified: **04/08/1987**
3a. Date of Last Report: **06/28/1994**

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

4. FEI Number: **59-2806266** ☐ 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. *The corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SNED, WILLIAM H., JR.
218 DATURA STREET
WEST PALM BEACH FL 33402

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, KERMIT G., II	12 NAME	
STREET ADDRESS	1386 ALLIGATOR CREEK RD.	13 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH. FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, KERMIT G., III	22 NAME	
STREET ADDRESS	1400 BATTLEGROUND AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, KEITH P.	32 NAME	
STREET ADDRESS	1400 BATTLEBROUND AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	BELANGIA, WILLIAM R.	42 NAME	
STREET ADDRESS	2388 ALLIGATOR CREEK RD.	43 STREET ADDRESS	
CITY-ST-ZIP	FERNANDINA BCH. FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	BOGGETT, D. WADE	52 NAME	
STREET ADDRESS	1400 BATTLEGROUND AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: D. Wade Doggett — 7-14-95 — (910)274-2481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
D WADE DOGGETT - TREASURER

0179020 FN