

**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 # J67691 (2)**

1. Corporation Name

**PHILLIPS MANAGEMENT COMPANY**



Principal Place of Business

**C/O WADE DOGGETT  
P.O. DRAWER 9515  
GREENSBORO NC 27429**

Mailing Address

**C/O WADE DOGGETT  
P.O. DRAWER 9515  
GREENSBORO NC 27429**

2. Principal Place of Business

2a. Mailing Address

21 **123 W. HIRTH RD.**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 1603**

27

City & State

City & State

23 **FERNANDINA BEACH, FLA**

28

Zip

Country

Zip

Country

24 **32034**

25

**USA**

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**04/08/1987**

3a. Date of Last Report

**08/02/1995**

4. FET Number

**59-2806266**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be**

**Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

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:

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

(NOTE: Registered Agent Signature required when registering)

DATE:

12. OFFICERS AND DIRECTORS

TITLE

PD

**PHILLIPS, KERMIT G., II  
1386 ALLIGATOR CREEK RD.  
FERNANDINA BCH. FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

VD

**PHILLIPS, KERMIT G., III  
1400 BATTLEGROUND AVE.  
GREENSBORO NC**

☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

VD

**PHILLIPS, KEITH P.  
1400 BATTLEGROUND AVE.  
GREENSBORO NC**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

S

**BELANGIA, WILLIAM R.  
2386 ALLIGATOR CREEK RD.  
FERNANDINA BCH. FL**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

T

**BOGGETT, D. WADE  
1400 BATTLEGROUND AVE.  
GREENSBORO NC**

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☒ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**T  
DOGGETT, D. WADE  
1400 BATTLEGROUND AVE  
GREENSBORO, NC**

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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-16-96 (910) 274-2481**

DATE (Type) TELEPHONE #

CR2E034 (12/95)