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**Jan 28, 1999 8:00am**  
**Secretary of State**

01-28-1999 90002 033 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J67691**

1. Corporation Name  
**PHILLIPS MANAGEMENT COMPANY**

Principal Place of Business

123 W HIRTH RD  
#1603  
FERNANDINA BCH FL 32034  
US

Mailing Address

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
**OFFICE**

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **PHILLIPS, KERMIT G., II**  
CITY-ST-ZIP **123 W HIRTH RD #1603**  
**FERNANDINA BCH. FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **PHILLIPS, KEITH P.**  
CITY-ST-ZIP **1400 BATTLEGROUND AVE.**  
**GREENSBORO NC**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **BELANGIA, WILLIAM R.**  
CITY-ST-ZIP **2386 ALLIGATOR CREEK RD.**  
**FERNANDINA BCH. FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **DOGGETT, WADE D**  
CITY-ST-ZIP **1400 BATTLEGROUND AVE**  
**GREENSBORO NC**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Wade Doggett*  
Wade Doggett  
D. Wade Doggett

January 6, 1999 (336)274-2481

Date

Daytime Phone #

CR2E034 (11/98)