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Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **K75026** (0)  
1. Corporation Name  
**PHILLIPS EDUCATIONAL GROUP OF CENTRAL FLORIDA, I  
NC.**



Principal Place of Business  
**3319 W. HILLSBOROUGH AVE.  
#1000  
TAMPA FL 33614  
US**

Mailing Address  
**1 HANCOCK PL #1000  
#1000  
GULFPORT MS 39507  
US**

3. Date Incorporated or Qualified **03/23/1989** 3a. Date of Last Report **04/12/1996**

2. Principal Place of Business <b>21 One Hancock Plaza</b>		2a. Mailing Address <b>26 One Hancock Plaza</b>		4. FEI Number <b>57-0886832</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. <b>22 Suite 1408</b>		Suite, Apt. #, etc. <b>27 Suite 1408</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State <b>23 Gulfport, MS.</b>		City & State <b>28 Gulfport, MS.</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
Zip <b>24 39501</b>	Country <b>25 U.S.A.</b>	Zip <b>29 39501</b>	Country <b>30 U.S.A.</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>AS</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KIMBERLING, C. RONALD</b>		1.2 NAME <b>Joseph A. Bondi</b>	
STREET ADDRESS <b>ONE HANCOCK PLAZA</b>		1.3 STREET ADDRESS <b>One Hancock Plaza, Suite 1408</b>	
CITY-ST-ZIP <b>GULFPORT MS</b>		1.4 CITY-ST-ZIP <b>Gulfport, MS, 39501</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>Vice President/Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>KIMBERLING, C. RONALD</b>		2.2 NAME <b>Gerald C. Phillips</b>	
STREET ADDRESS <b>1 HANCOCK PLAZA</b>		2.3 STREET ADDRESS <b>One Hancock Plaza, Suite 1408</b>	
CITY-ST-ZIP <b>GULFPORT MS</b>		2.4 CITY-ST-ZIP <b>Gulfport, MS, 39501</b>	
TITLE <b>AT</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Secretary/Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PAQUIN, MARILYN J.</b>		3.2 NAME <b>Gerald C. Phillips</b>	
STREET ADDRESS <b>ONE HANCOCK PLZ</b>		3.3 STREET ADDRESS <b>One Hancock Plaza, Suite 1408</b>	
CITY-ST-ZIP <b>GULFPORT MS</b>		3.4 CITY-ST-ZIP <b>Gulfport, MS, 39501</b>	
TITLE <b>VDST</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>Assistant Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PHILLIPS, GERALD C.</b>		4.2 NAME <b>Marilyn J. Paquin</b>	
STREET ADDRESS <b>ONE HANCOCK PLZ</b>		4.3 STREET ADDRESS <b>One Hancock Plaza, Suite 1408</b>	
CITY-ST-ZIP <b>GULFPORT MS</b>		4.4 CITY-ST-ZIP <b>Gulfport, MS, 39501</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>Assistant Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PHILLIPS, C. ALTON</b>		5.2 NAME <b>Todd Walter</b>	
STREET ADDRESS <b>ONE HANCOCK PLZ</b>		5.3 STREET ADDRESS <b>One Hancock Plaza, Suite 1408</b>	
CITY-ST-ZIP <b>GULFPORT MS</b>		5.4 CITY-ST-ZIP <b>Gulfport, MS, 39501</b>	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME <b>C. Alton Phillips</b>	
STREET ADDRESS		6.3 STREET ADDRESS <b>One Hancock Plaza, Suite 1408</b>	
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>Gulfport, MS, 39501</b>	

14. I do 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 or both changed on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/2/97** DAYTIME PHONE: **(601) 864-4096**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)