

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 # K78691 (8)
1. Corporation Name
PHILLIPS LAND INVESTORS, INC.



Principal Place of Business Mailing Address
P.O. BOX 56350 JACKSONVILLE FL 32241-3350 **P.O. BOX 56350 JACKSONVILLE FL 32241-3350**

2. Principal Place of Business 2a. Mailing Address
21 **4190 Belfort Rd.** 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 475** 27
City & State City & State
23 **Jacksonville, FL** 28
Zip Country Zip Country
24 **32216** 25 **US** 29 30

3. Date Incorporated or Qualified **04/07/1989** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-2945837** 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

MC GRIFF, W. A., III
7785 BAYMEADOWS WAY, SUITE 308
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name **McGriff, W. A. III**
82 Street Address (P.O. Box Number is Not Acceptable) **4190 Belfort Rd.**
83 **Suite 475**
84 City **Jacksonville** FL 85 Zip Code **32216**

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 *W. A. McGriff, III* **W. A. McGriff, III** **4/24/96** DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	CONN, JEFFREY A.	
STREET ADDRESS	7785 BAYMEADOWS WAY 308	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	MCGRIFF, W. A., III	
STREET ADDRESS	7785 BAYMEADOWS WAY 308	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DAVIS, T. WAYNE	
STREET ADDRESS	4190 BELFORT ROAD #240	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MC GRIFF, W. A., III	
STREET ADDRESS	7785 BAYMEADOWS WAY 308	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	KELLY, PAMELA H.	
STREET ADDRESS	7785 BAYMEADOWS WAY 308	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Conn, Jeffrey A.	
1.3 STREET ADDRESS	8917 Western Way, Suite 6	
1.4 CITY-ST-ZIP	Jacksonville, FL 32256	
2.1 TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	McGriff, W. A. III	
2.3 STREET ADDRESS	4190 Belfort Rd.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32216	
3.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Davis, T. Wayne	
3.3 STREET ADDRESS	1910 San Marco Blvd.	
3.4 CITY-ST-ZIP	Jacksonville, FL 32207	
4.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Kelly, Pamela H.	
4.3 STREET ADDRESS	3114 Merlin Drive N.	
4.4 CITY-ST-ZIP	Jacksonville, FL 32257	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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 change is made on an attachment with an address.

SIGNATURE: *W. A. McGriff, III* **W. A. McGriff, III** **4/24/96** **(904) 296-6400** DATE Daytime Phone #

CR2E034 (12/95)