

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
4190 BELFORT RD.
SUITE 475
JACKSONVILLE FL 32216
US

Mailing Address
P.O. BOX 56350
JACKSONVILLE FL 32241-3350



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8917 Western Way Suite, Apt. #, etc. 22 Suite 6 City & State 23 Jacksonville FL Zip 24 32256 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 04/07/1989	
		4. FEI Number 59-2945837		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MC GRIFF, W. A., III 4190 BELFORT RD. SUITE 475 JACKSONVILLE FL 32216		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 2/15/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONN, JEFFREY A.	1.2 NAME	
STREET ADDRESS	8917 WESTERN WAY, SUITE 6	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	DPS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRIFF, W.A., III	2.2 NAME	
STREET ADDRESS	4190 BELFORT RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, T. WAYNE	3.2 NAME	
STREET ADDRESS	1910 SAN MARCO BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, PAMELA H	4.2 NAME	
STREET ADDRESS	3114 MERLIN DRIVE N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, PAMELA H.	5.2 NAME	
STREET ADDRESS	7785 BAYMEADOWS WAY 308	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 updated in accordance with an address.

SIGNATURE: _____

2/15/98

904 739 9331

CR2E034 (10/97)