

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
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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
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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 Country 24 32256 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 04/07/1989	4. FEI Number 59-2945837	Applied For <input type="checkbox"/> 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

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]* DATE: **2/15/98**

12. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> DELETE
NAME	CONN, JEFFREY A.	
STREET ADDRESS	8917 WESTERN WAY, SUITE 6	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	MCGRIFF, W.A., III	
STREET ADDRESS	4190 BELFORT RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DAVIS, T. WAYNE	
STREET ADDRESS	1910 SAN MARCO BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, PAMELA H	
STREET ADDRESS	3114 MERLIN DRIVE N.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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, 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 up for appointment with an address.

SIGNATURE: *[Signature]* DATE: **2/15/98** **904 739 9331**

CRE034 (10/97)