

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

05 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N17907** (9)

1. Corporation Name

PHI PSI HOUSING CORPORATION

Principal Place of Business

Mailing Address

~~PHI PSI HOUSING CORPORATION~~
~~801 BLACKSTONE BUILDING~~
~~JACKSONVILLE FL 32202~~

~~PHI PSI HOUSING CORPORATION~~
~~801 BLACKSTONE BUILDING~~
~~JACKSONVILLE FL 32202~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/21/1986	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2773497	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. **SUITE 304**

26. **P.O. BOX 8958**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. **24 N. MARKE**

27. **JACKSONVILLE FL**

City & State

City & State

23. **JACKSONVILLE FL**

28. **JACKSONVILLE FL**

Zip

Zip

24. **32239**

29. **32239**

Country

Country

25. **PVAL**

30. **PVAL**

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

~~HENSLEY, DORIS M.~~
~~801 BLACKSTONE BUILDING~~
~~JACKSONVILLE FL 32202~~

81. Name **Jeff Edmunds, Jr.**
82. Street Address (P.O. Box Number is Not Acceptable)
P.O. Box 8958 - 6100 ARLINGTON EXPRESS WAY
APT. 0-201
83. **JACKSONVILLE**
84. City **Jacksonville** FL 85. Zip Code **32239**

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

Jeff Edmunds, Jr.

Jeff Edmunds, Jr.

4/19/95

Signature and printed name of registered agent and title of applicant

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD	NAME KELLOGG, PETER J.	STREET ADDRESS 801 BLACKSTONE BUILDING	CITY - ST - ZIP JACKSONVILLE FL
TITLE TD	NAME KAROSAS, MICHAEL	STREET ADDRESS 3221 32ND WAY	CITY - ST - ZIP WEST PALM BCH FL
TITLE VPD	NAME EDMUNDS, JEFFREY	STREET ADDRESS 1375 BARBIZON COURT	CITY - ST - ZIP WINTER SPRINGS FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

11. TITLE PSD	12. NAME KELLOGG, PETER	13. STREET ADDRESS 4316 GREAT OAKS LANE	14. CITY - ST - ZIP JACKSONVILLE, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE TD	22. NAME Jeff Edmunds, Jr.	23. STREET ADDRESS P.O. Box 8958 - 6100 ARLINGTON EXPRESS WAY	24. CITY - ST - ZIP Jacksonville, FL 32239-0958 32211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE VPD	32. NAME Michael Karosas	33. STREET ADDRESS 14121 82nd Street	34. CITY - ST - ZIP Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	42. NAME	43. STREET ADDRESS	44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	52. NAME	53. STREET ADDRESS	54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	62. NAME	63. STREET ADDRESS	64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption granted in Section 110.07(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, director, or trustee of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in an attachment with an address.

SIGNATURE:

Jeff Edmunds, Jr.

4/19/95 (904)723-7067

Signature and typed or printed name of signing officer on director