

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90143 039 ****61.25

DOCUMENT # N33444

1. Entity Name
**PHILLIPS COMMERCIAL PARK OWNERS ASSOCIATION,
INC.**



Principal Place of Business
**920 THIRD ST
SUITE B
NEPTUNE BEACH, FL 32266 US**

Mailing Address
**920 THIRD ST
SUITE B
NEPTUNE BEACH, FL 32266 US**

DO NOT WRITE IN THIS SPACE



03182005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3192257

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALLACE, L. DENISE
920 THIRD ST
SUITE B
NEPTUNE BEACH, FL 32266**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LANGSTON, GREG
STREET ADDRESS 6825 PHILLIPS INDUSTRIAL BOULEVARD
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE VPD
NAME PORTER, BILLY
STREET ADDRESS 7002 DAVIS CREEK ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE STD
NAME LARocca, ROBERT
STREET ADDRESS 7028 DAVIS CREEK ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32256

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.O. LANGSTON

3/3/05
Date

904 262 2500
Daytime Phone #