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 # **P28987** **(6)**

1. Corporation Name

PHILLIPS COLLEGES, INC.

Principal Place of Business

ONE HANCOCK PLAZA
GULFPORT MS 39507-4508

Mailing Address

ONE HANCOCK PLAZA
SUITE 1408
GULFPORT MS 39501
US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **04/19/1990**

3a. Date of Last Report: **03/20/1995**

4. FEI Number: **64-0521981** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1008, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TVP	☐ DELETE
NAME	LYNCH, MARSHALL D.	
STREET ADDRESS	ONE HANCOCK PL.	
CITY-ST-ZIP	GULFPORT MS	
TITLE	D	☐ DELETE
NAME	PHILLIPS, C. ALTON	
STREET ADDRESS	ONE HANCOCK PL.	
CITY-ST-ZIP	GULFPORT MS	
TITLE	V	☑ DELETE
NAME	MURRAY, ALAN L.	
STREET ADDRESS	ONE HANCOCK PLAZA	
CITY-ST-ZIP	GULFPORT MS	
TITLE	ASV	☐ DELETE
NAME	KIMBERLING, C RONALD	
STREET ADDRESS	1 HANCOCK PLZ	
CITY-ST-ZIP	GULFPORT MS	
TITLE	D	☐ DELETE
NAME	PHILLIPS, GERALD C.	
STREET ADDRESS	1 HANCOCK PLASA, STE. 1408	
CITY-ST-ZIP	GULFPORT MS	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Assistant Treasurer	☒ Change ☐ Addition
12 NAME	Marshall D. Lynch	
13 STREET ADDRESS	One Hancock Plaza, Suite 1408	
14 CITY-ST-ZIP	Gulfport, MS 39501	
21 TITLE	S/T/D	☒ Change ☐ Addition
22 NAME	C. Alton Phillips	
23 STREET ADDRESS	One Hancock Plaza, Suite 1408	
24 CITY-ST-ZIP	Gulfport, MS 39501	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	President/Director	☒ Change ☐ Addition
52 NAME	Gerald C. Phillips	
53 STREET ADDRESS	One Hancock Plaza, Suite 1408	
54 CITY-ST-ZIP	Gulfport, MS 39501	
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is true, accurate, complete and does not qualify for the exemptions 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted.

SIGNATURE: C. Ronald Kimberling C. Ronald Kimberling 4/9/96 (601) 864-6096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number