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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P93000082786**1. Corporation Name

PAUL B. PHILLIPS, INC.

	·							
Principal Plac	ce of Business	Mailing Address	·			illi <b>da</b> lio <b>da</b> ida	lekia kleni kena	li antian dian indi
12718 WOODTRAIL BLVD. P. O. BOX 273510 TAMPA FL 33625 TAMPA FL 33688-3510								
US .					DO NOT WRITE IN THIS SPACE			
•					3. Date Incorporated or Qualifed 11/24/1993			
2. Principal f	Place of Business	2a. Mailing Address	· .		4. FEI Number		Ar	plied For
21	•	26			59-3213000			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		<del></del>	-				Additional	
22 27		27			5. Certifcate of Status Desired		Fee Re	equired
City & State City & State		City & State			6. Election Campaign Financing		\$5.00	May Be
23		28	<del></del>		Trust Fund Contribution	Ш		to Fees
Zip	Country	Zip	Country		8. This corporation owes the curr	ent year Inta		<b>—</b>
24	9 Name and Address of Curren		30		Personal Property Tax.	*	Yes	□No
	9. Name and Address of Curren	it Registered Agent	81 1	Name	10. Name and Address of New F	Registerea /	Agent	
NEV	WMAN, M. MITCHELL	1803.6						
707	N. FRANKLIN STREET		82 5	Street Addre	ess (P.O. Box Number is Not Accepta	able)		
NIN	TH FLOOR		83					1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TAM	MPA FL 33602					(1 ) 1 1 1 1	1.1	
	•		84 (	City	,	FI	85 Zip (	Code
11. Pursuant	t to the provisions of Sections 607.050	2 and 607,1508, Florida Statute	es, the above-n	amed corpo	pration submits this statement for the	nurpose of o	hanging its	registered
········ office or i	registered agent, or both, in the State i	of Florida, Such change was at	uthorized by the	corporation	n's board of directors. I hereby accept	t the appoin	tment as re	gistered
		tions of Section 607 0505. Flor	rida Statutos	•				
•	•	ations of, Section 607.0505, Flor	rida Statutes.	·	,			
SIGNATURE	•		rida Statutes.  : Registered Agent sig	gnature required		DATE		
•	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE:		gnature required			D DIRECTO	 DRS IN 12
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	nt and title if applicable. (NOTE:	: Registered Agent sig	gnature required	when reinstating)		D DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN DPST PHILLIPS, PAUL B.	nt and title if applicable. (NOTE:	: Registered Agent sig	gnature required	when reinstating)			
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered agen OFFICERS AN DPST PHILLIPS, PAUL B. 12718 WOOD TRAIL BLVD.	nt and title if applicable. (NOTE:	: Registered Agent sig		when reinstating)			
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN DPST PHILLIPS, PAUL B.	nt and title if applicable. (NOTE: ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME	DRESS	when reinstating)		☐ Change	☐ Addition
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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 on an attachment with an appears with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 

01-21-1999 90027 003 \*\*\*150.00