

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY 14 AM 10:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 994000010757

1. Corporation Name

Philip Craig & Associates, Inc.

Principal Place of Business

4432 Bayshore Circle
Tallahassee, FL 32308

Mailing Address

1777 Broken Bow Trail
Tallahassee, FL 32312

3. Date Incorporated or Qualified

2/3/94

3a. Date of Last Report

1996

2. Principal Place of Business

21 4432 Bayshore Circle

Suite, Apt. #, etc.

22 City & State

23 Tallahassee, FL 32308

Zip

Country

24 32308

25 Leon

2a. Mailing Address

26 1777 Broken Bow Trail

Suite, Apt. #, etc.

27 City & State

28 Tallahassee, FL 32312

Zip

Country

29 32312

30 Leon

4. FEI Number

59-3224772

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

George C. Budd III
Route 1, Box 322W
Quincy, FL 32351

10. Name and Address of New Registered Agent

81 Name

Beverly Santini

82 Street Address (P.O. Box Number is Not Acceptable)

1777 Broken Bow Trail

83

84 City

Tallahassee

FL

85 Zip Code

32312

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
officer 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, and I agree to accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Beverly J. Santini

(NOTE: Registered Agent signature required when reinstating)

DATE
5/13/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME President/Director
STREET ADDRESS Beverly Santini
CITY-STATE-ZIP 1777 Broken Bow Trail
Tallahassee, FL 32312

TITLE ☐ DELETE
NAME Secretary/Treasure/Director
STREET ADDRESS George C. Budd III
CITY-STATE-ZIP 4432 Bayshore Circle
Tallahassee, FL 32308

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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 address.

SIGNATURE:

Beverly Santini

Beverly SANTINI

5/13/97

(904) 575-1334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)