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**PROFIT** CORPORATION ANNUAL REPORT

1999

PHILLIPS MARKETING, INC.

1 Corporation Name



DOCUMENT # P94000019662

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State

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Mailing Address Principal Place of Business PO BOX 1536 6410 N 62 ST PINELLAS PARK FL 33781 PINELLAS PARK FL 33780 DO NOT WRITE IN THIS SPACE US us 3. Date Incorporated or Qualifed 03/14/1994 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3231304 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ Added to Fees Trust Fund Contribution 23 28 Country Country Zip Zip This corporation owes the current year Intangible **₽**No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent PHILLIPS, R J Street Address (P.O. Box Number is Not Acceptable) 6410 62 ST N PINELLAS PK FL 33781 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition ☐ DELETE 1 1 TITLE TITLE PHILLIPS, RANDALL J 1.2 NAME NAME 6410 62ND STREET N. 1.3 STREET ADDRESS STREET ADDRESS PINELLAS PARK FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 2.1 TITLE TITLE PETERS, JOHN C 22 NAME NAME 2500 GULF BLVD. 2.3 STREET ADDRESS STREET ADDRESS **BELLEAIRE BEACH FL 34635** 2.4 CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TIT! F 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

CR2E034 (11/98)