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FILED

Feb 14 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000036998 (0)

1. Corporation Name

PHILLY STATION OF THE WOODLANDS, INC.

Principal Place of Business

~~8701 PERIMETER PARK ROAD~~  
~~SUITE 201~~  
~~JACKSONVILLE FL~~

Mailing Address

~~8701 PERIMETER PARK ROAD~~  
~~SUITE 201~~  
JACKSONVILLE FL 32216-8398

2. Principal Place of Business

21 500 SOUTH 3RD ST.

2a. Mailing Address

26 500 SOUTH 3RD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

23 JKSU BEACH FL

City &amp; State

28 JKSU BEACH FL

Zip

24 32250

Country

25 US

Zip

29 32250

Country

30 US

9. Name and Address of Current Registered Agent

DARABI, FARZIN

~~8701 PERIMETER PARK ROAD~~~~SUITE 201~~

JACKSONVILLE FL 32216

3. Date Incorporated or Qualified

05/16/1994

3a. Date of Last Report

02/08/1996

4. FEI Number

59-3303466

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

500 SOUTH 3RD STREET

83

84 City JKSU BEACH

FL

85 Zip Code

32250

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETENAME DARABI, FARZIN  
STREET ADDRESS 159 ELEVENTH ST  
CITY - ST - ZIP ATLANTIC BEACH FLTITLE D ☐ DELETENAME DARABI, FRANK  
STREET ADDRESS 730 N WALDO ROAD, SUITE A  
CITY - ST - ZIP GAINESVILLE FL 32601TITLE D ☐ DELETENAME PARTOW, RAMIN  
STREET ADDRESS 335 ELEVENTH ST  
CITY - ST - ZIP ATLANTIC BEACH FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - 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 - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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 in an attachment with an address.

SIGNATURE:

REQUIRED

2/10/97

Date

904-241-3737

Daytime Phone #

CR2E034 (9/96)