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

**PROFIT** CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P94000087070 (6)

Mailing Address

2a. Mailing Address

26

28

29

Country

9. Name and Address of Current Registered Agent

25

**612 CHATTAHOOCHEE STREET** 

CHATTAHOOCHEE FL 32324

MORGAN, GENE

P.H.D., INC.

Principal Place of Business 612 CHATTAHOOCHEE STREET

CHATTAHOOCHEE FL 32324

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

STREET ADDRESS CITY-ST-ZIP

Secretary of State

85

Zip Code

**FILED** 

Mar 24 1998 8:00am

Mailing Address			
PH D INC P O BOX 718 CHATTAHOOCHEE L 32324-0718 US		DO NOT WRITE IN THIS SPACE	
		3. Date Incorporated or Qualified	
		11/29/1994	
. Mailing Address		4. FEI Number	Applied For
		59-3287734	Not Applicable
Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional Fee Required
City & State		1	5.00 May Be Added to Fees
Zip (30)	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
stered Agent		10. Name and Address of New Registered Ager	ıt
	81 Name		

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

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 livith, and adject the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstalling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12, 12. 13. DELETE Change Addition PD 1.1 TITLE TITLE MORGAN, GENE TERRI D. RICKERT NAME 1.2 NAME 54 BARNES AVENUE 612 CHATTAHOOCHEE STREET STREET ADDRESS 1.3 STREET ADDRESS CHATTAHOOCHEE FL 32324 1.4 CITY - ST - ZIP CHATTAHOOUTEE, FL 32324 CITY-ST-ZIP Addition DELETE 2.1 TITLE Change TITLE MORGAN, MARGUERITE J **2.2 NAME** NAME **612 CHATTAHOOCHEE STREET** STREET ADORESS 2.3 STREET ADDRESS **CHATTAHOOCHEE FL 32324** CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP CITY-ST-7IP DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE Change TITLE 6.1 TITLE NAME 62 NAME

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14. Thereby 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 chapter, or on an attachment with an address.

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP