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

Jun 05 1998 8:00am PROFIT . FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # P9500005369 PHILLIPS GULF CORPORATION Principal Place of Business Malling Address 8767 11544 AUE N 8767 11544 AUE N LAR60, FL 33773 LARGO, FL 33773 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 1 8 - 1995 4. FEI Number 59-32 it. Principal Place of Business 2a. Malling Address Applied Fo Not Applic 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additiona 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 23 Country ZID Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. DX-Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PHILLIPS, BRETT J. 8767, 11544 AUE N. Street Address (P.O. Box Number is Not Acceptable) LARGO IFL 33773 83 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiar with, and accept the obligations of, Section 607.0505, Fiorida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN DELETE Change 1.1 TID F TITLE PHILLIPS BRETT 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS LARGOIFL 33773 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change DELETE Ad: 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - ST-ZIP DELETE Change TITLE 3.1 TITLE 3.2 NAME HAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE 4.2 NAME **4.3 STREET ADDRESS** STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE **5.1 TITLE** NAME 5.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change

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 socurate and that my signature shall have the same legal effect as if made under oath; that I am a 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.

A.1 TITLE

6.2 NAME

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

" ME

STREET ADDRESS

CITY-ST-ZIP

21/1

BRETT J. PHILLIPS 4/29/97 (813)397-7881

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