## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996

1-11.6

NAME

STREET AUDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P95000051978 (1)

1. Corporation PHILLIF	PS JANITORIAL & LAWN SEI	` '							
Principal Place of Business		Mailing Address			-		ADI INDID JU	IFA 10001 HOLL FOOT	
2412 WILLIAMS ROAD PLANT CITY FL 33565-2475		2412 WILLIAMS ROAD PLANT CITY FL 33565-2475							
						3. Date Incorporated or Qualified 06/29/1995	3a. Dal	e of Last I	Report
Principal Place of Business     The Principal Place of Business		2a. Mailing Address			4, FEI Number 45 - 05 96670			Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S8.75 Additional				
22		[27]						a Required	
City & State	•	City & State				Election Campaign Financing     Trust Fund Contribution			00 May Be led to Fees
Zip	Country	Zip	Cou	intry		8. This corporation has liability for	intangible t		<del></del>
24	25	29	30			Florida Statutes			
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New F	legistered	Agent	
DUIL LIDO	AUDDEV				-				
	S, AUBREY LLIAMS ROAD	E			Street Addre	ss (P.O. Box Number is Not Acceptat	(ek		
PLANT CITY FL 33565-2475				В3					
			84	City	·		85 2	Zip Code	
or register familiar wil SIGNATURE	o the provisions of Sections 607.0502 a ed agent, or both, in the State of Florida in, and accept the obligations of, Section	a. Such change was authorize in 607.0505, Florida Statutes.	ed by the o	corpo	oration's board	d of directors. I hereby accept the app	ointment a	nancino its	s registered office ed agent. I am
12.	Signature, type dior printed name of registered agent a OFFICERS AND		IF Registered	Agen	t signature required	when reinstating: ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIRECT	FORS IN 12
TITLE	D	DELETE	1.11	ITLE				☐ Change	
NAME	PHILLIPS, AUBREY		1.2 N	AME	1				
STREET ADDRESS	2412 WILLIAMS ROAD		1.3 \$	TREET	ADDRESS				
C-1Y-S1-7IP	PLANT CITY FL 33565-2475	D OCIETY.		ITY-S	T-ZIP			C Change	a CTD Addition
NAME	DUBLING DEMAN	☐ DELETE	2. 1 T 2.2 N		ŀ			Change	e [] Addition
STREET ADDRESS	PHILLIPS, RENA M 2412 WILLIAMS ROAD				ADDRESS				
CITY - ST - ZIP	PLANT CITY FL 33585-2475			ITY-S					
DICE		☐ DELETE	3 1 1					Change	e Addition
NAMI			32 N	AME					
STREET ADDRESS			3 3. 8	THEET	ADDRESS				
CITY ST-ZIP		D britte		ITY-S	T-ZIP			[] Chara	e
TITLE		☐ DELETE	4.11					☐ Change	≥ ☐ Vooisou
NAME STREET ADDRESS			4.2 N		ADDRESS				
CITY - ST - ZIE					IT-ZIP				
THEF		☐ DELETE	5 1 1					Change	e 🔲 Addition
NAME			5.2 N	AME					
STREET ADDRESS			538	TREET	ADDRESS				
CITY - ST - ZIF			540	ITY-S	IT-ZIP				

64 CITY-S1-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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 an an attachment with an address.

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

SIGNATURE: Signature and typed on Printed Mame of Signing Officer on Director Division Price of Director

;R2E034 (12/95)

Change Addition