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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000053325

ELECTRICAL SERVICES BY PHILLIPS, INC.

Principal Place	of Business	Mailing Address			f tåfitäfit ser sammens ann ann an	III <b>98</b> 111 E8181 E1		1907 0111 1501
5520 CYNTHIA LANE NAPLES FL 34112 US		5520 CYNTHIA LANE NAPLES FL 34112 US			DO NOT WRITE IN THIS SPACE			
				3.	Date Incorporated or Qualifed 07/05/1995			
2. Principal Pl	ace of Business	2a. Mailing Address		4.	FEI Number		App	lied For
21		26			65-06106 <u>09</u>		Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<del></del> 1		Certifcate of Status Desired		<b>\$8.75</b> A	
City & State		City & State		6.	Election Campaign Financing Trust Fund Contribution		\$5.00 f Added to	, I
Zip	Country	Zip	Country	8.	This corporation owes the curr	ent year Intai	ngible	_
24	25	29 30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren			10.	Name and Address of New F	legistered A	gent	
BAUGHER, ROI E II 4001 TAMIAMI TRAIL NORTH				reet Address (P	HER KOIF D. Box Number is Not Accepta Accepta	able)		
SUITE 220				Suite	101			1
NAP	LES FL 34103		84 City	V A			85 Zip <sub>a</sub> C	ode.
				Choles		<u> </u>	より	408
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 ager			ature required when r		DATE	DIDECTO	DC IN 42
12.		ID DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OF		Change	Addition
TITLE	PV	☐ DELETE	1.1 TITLE				KI Curanga	
NAME	PHILLIPS, JERRY A	ļ	1.2 NAME	İ				
STREET ADDRESS	5520 CYNTHIA LANE	i i	1.3 STREET ADDR	RESS			2	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP				<u> 34112</u>	
TITLE	ST	☐ DELETE	2.1 TITLE		•		Change	☐ Addition
NAME	PHILLIPS, CAROL A		2.2 NAME		•			Ì
STREET ADDRESS	5520 CYNTHIA LANE		2.3 STREET ADDR	RESS		•	34112	
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				. Change	☐ Addition
NAME			3 2 NAME					
STREET ADDRESS			3 3 STREET ADDR	RESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDR	RESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP	1				
TITLE		☐ DELETE	51 TITLE				Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS		j	5.3 STREET ADDR	RESS		•	,	
CITY-ST-ZIP		1	5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME		Į.	6.2 NAME					
STREET ADDRESS		1	6.3 STREET ADDR	RESS				l

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

6.4 CITY-ST-ZIP

SIGNATURE: