

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

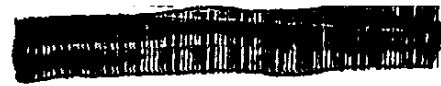
**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90021 030 \*\*\*150.00

**DOCUMENT # P95000Q64508 (1)**

1. Corporation Name

**PHENGCHANH, INC.**



Principal Place of Business  
**2771 MONUMENT ROAD, SUITE 33  
JACKSONVILLE FL 32225-3547**

Mailing Address  
**2771 MONUMENT ROAD, SUITE 33  
JACKSONVILLE FL 32225-3547**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/21/1995**

4. FEI Number

**59-3331132**

Appi  
Not /

5. Certificate of Status Desired ☐

**\$8.75 Ad**  
Fee Req:

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 M**

Added to

8. This corporation owes or has paid the current year Inter  
Personal Property Tax due June 30. ☐ Yes ☐

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**PHENGCHANH, KHAMSONE B  
2771 MONUMENT ROAD, SUITE 33  
JACKSONVILLE FL 32225-3547**

81 Name

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

83

84 City

**FL**

85 Zip C

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 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 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR:

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>PHENGCHANH, MANOVANH S</b>	
STREET ADDRESS	<b>2771 MONUMENT ROAD, SUITE 33</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225-3547</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>PHENGCHANH, KHAMSONE B</b>	
STREET ADDRESS	<b>2771 MONUMENT ROAD, SUITE 33</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225-3547</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE		<input type="checkbox"/> Change
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 if 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; I am the 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 is in Block 12 or Block 13 if changed, or on an attachment with an address.

Date

Daytime Phone