

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

FILED

Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000065342 (4)
1. Corporation Name

Philip's CLASS Act INC

Principal Place of Business: 22 N. FT HARRISON
Clearwater FL 34615
Mailing Address: 1784 McCauley Rd
Clearwater FL
33765

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <u>8/23/1995</u>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <u>59-3336416</u>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

Lloyd, JoAnne
1784 McCauley Rd
Clearwater FL 33765

10. Name and Address of New Registered Agent

81	Name	<u>JOANNE Lloyd</u>
82	Street Address (P.O. Box Number is Not Acceptable)	<u>1784 McCauley Rd</u>
83	City	<u>Clearwater</u>
84	FL	<u>33765</u>

11. Pursuant to the provisions of Sections 607.0102 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 of person authorized to register agent and fee (if applicable)

(NOTE: Registered Agent Signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<u>PD</u>	☐ DELETE
NAME	<u>JOANNE Lloyd</u>	
STREET ADDRESS	<u>1784 McCauley Clearwater</u>	
CITY- ST- ZIP		
TITLE	<u>JOANNE Lloyd</u>	☐ DELETE
NAME	<u>1784 McCauley FL</u>	
STREET ADDRESS	<u>Clearwater</u>	
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

100002550471
-06/08/98--0102--012
***150.00

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 or 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 in an attachment with an address.

SIGNATURE:

Joanne Lloyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/05/98 813791-6296
DATE DAY/ MONTH/ YEAR DAY/ MONTH/ YEAR

CR2E034 (10/97)