FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
Mar 20 1997 8:00am
Secretary of State

DOCUMENT # **P95000065845 (6)**

1. Corporation Name
PHILLIPS, HUNTER & ASSOCIATES, INC.

Principal Place of Business:
5420 BLUE TICK DRIVE
ORLANDO FL 32810

Mailing Address:
5420 BLUE TICK DRIVE
ORLANDO FL 32810-3235

3. Date Incorporated or Qualified: **08/24/1995**
3a. Date of Last Report: **08/19/1996**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

4. FEI Number: **59-3333892** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HUNTER, BARBARA
5420 BLUE TICK DRIVE
ORLANDO FL 32810

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper performance of my duties, and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Barbara Hunter - BARBARA HUNTER 3/09/97
(Type or print name of person signing in the capacity of Registered Agent) (CEASE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	DS	☐ DELETE
NAME	HUNTER, BARBARA	
STREET ADDRESS	5420 BLUE TICK DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	CEO	☐ DELETE
NAME	HUNTER, BARBARA	
STREET ADDRESS	5420 BLUE TICK DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	DV	☐ DELETE
NAME	HUNTER, K R	
STREET ADDRESS	5420 BLUE TICK DRIVE	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	DV	☒ DELETE
NAME	BRABHAM, SANDYM	
STREET ADDRESS	1035 KELLY CIRCLE	
CITY-ST-ZIP	OVIEDO FL	
TITLE	DV	☐ DELETE
NAME	URBAN, HELEN SUE	
STREET ADDRESS	9 CASSIA LANE	
CITY-ST-ZIP	DEBARY FL	
TITLE	ST	☐ DELETE
NAME	ROSA, VIVIAN C	
STREET ADDRESS	209 SOUTH MOSS ROAD	
CITY-ST-ZIP	WINTER SPRINGS FL	

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		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Barbara Hunter - BARBARA HUNTER 3/9/97 (407) 898-4427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number