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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

•	1996	DIVISION OF C	CORPORATIONS		
1. Corporation	MENT # P9500 .Name .ES M. PHILLIPS, JR., P.A.	0070072 (0)			
Principal Place	of Business	Mailing Address			<u> </u>
1370 PINEHURST ROAD		1370 PINEHURST ROAD			
DUNEDIN FL	34698	DUNEDIN FL 34698			
				3. Date Incorporated or Qualified 09/12/1995	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-253130	Applied For
Suite, Apt. #, etc.		26			Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	he sa	30	8. This corporation has liability for Florida Statutes ☐ Yes	
	9. Name and Address of Currer			10. Name and Address of New F	
			81 Name	ARLES M. P.	41LLIPS, TR
	LING & SEARCH SERVICES, INC		82 Street Addr	ess (P.O. Box Number is Not Acceptate	ole) D
526 EAST PARK AVE. STE. 200			83	O PINEHURST	IXDI
	ASSEE FL 32302				
*******	7100CL) L 0E00Z		84 City O	UNFOIN	FI 85 32/2018
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above named corpor	ation submits this statement for the pu	rpose of changing its registered office
or registere familiar with	ed agent, or both, in the State of Flori h, and accept the obligations of, Sec.	da. Such change was authorized gn (107.0505, Florida Statutes.	1 by the corporation's boar	ation submits this statement for the purid of directors. I hereby accept the app	ointment as registered agent. Fani
SIGNATURE	Charles 1. Or	Myss for CHA	PRIES M. I	PHILLIPS, JR.	1/22/96
12.	Signature, typed or printed name of registered again. OFFICERS ANI		Registance Agent signals reme pure:		ICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1 1 TiTLE	ABBITIONS OF IANGES TO GIT	Change Addition
NAME	PHILLIPS, CHARLES M JR		1.2 NAME		
STREET ADDRESS	1370 PINEHURST ROAD		1.3 STREET ADDRESS		
CITY - ST - ZIP	DUNEDIN FL 34698		1.4 CI7Y - ST - ZIP		
TITLE	STD	☐ DELETE	2 1 TITLE		Change C Addition
NAME	PHILLIPS, JO ANN W		2.2 NAME		
STREET ADDRESS CITY - ST - ZIP	1370 PINEHURST ROAD Dunedin Fl 34698		2.3 STREET ADDRESS		
TITLE	DOMEDIT I E OTOGO	☐ DELETE	2401Y-SI-ZiP 3 1 TITLE		Change Addition
NAME		<u>_</u>	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZiP			3.4.CITY - ST - ZIP		
TITLE		DELETE	4 1 1111.6		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CHY-ST-ZIP		E3 Change E3 Addition
NAME		L.J MICH	5 I TITLE 52 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CiTy - St - ZiP		
THTLE		☐ DELETE	6 1 TITLE		Change Addition
NAME			6 2 NAME		_
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY - ST - 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 armual 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 recever 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:

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