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

PROFIT CORPORATION **ANNUAL REPORT** 



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P95000078473 (2)

SA PHILLIPS, INC.

**FILED** May 08 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address		- 1 senninka sak inani nasis manis meser kenti kakai saba	in 1904) didig langs bili 1901
334 DEVONSHIRE LANE	PO BOX 1088			
ORANGE PARK FL 32073	ORANGE PARK FL 32067-	1088	DO NOT WORK IN THE	22405
US	US		DO NOT WRITE IN THIS:  3. Date Incorporated or Qualified	SPACE
			10/12/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3339206	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$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	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the cur	
24 25		30		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  BUILDING CLICAN A 81 Name				
PHILLIPS, SUSAN A		81 Name		
1016 SANDPIPER LANE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
ORANGE PARK FL 32073		83	DEVONSHIRE LAND	
		83		
		84 City	r.i	85 Zip Code
	007.01.02 1.007.4(00. Ft. : 101011-		FL	
office or registered agent, or both, in	n the State of Florida. Such change was at	uthorized by the corporat	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	changing its registered i
agent. I am familiar with, and accep	ot the obligations of, Section 607,0505, Flor	ida Statutes.		_
SIGNATURE	registered agent and title if applicable (NOTE	Registered Agent signature requir	red when reinstating) DATE	
	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE D	DELETE	1.1 TITLE	NOOMONO ON WINDERS TO ON TOLENO WIND	☐ Change ☐ Addition
NAME PHILLIPS, SUSAN A	<del></del>	1.2 NAME		
STREET ADDRESS 334 DEVONSHIRE L		1.3 STREET ADDRESS		į
CITY-ST-ZIP ORANGE PARK FL		1.4 CITY-ST-ZIP		
TITLE	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME		2.2 NAME		ì
STREET ADDRESS		2.3 STREET ADDRESS		İ
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		}
CITY-ST-ZIP		3.4. CITY+ST-ZIP		
TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		ļ
STREET ADDRESS		4.3 STREET ADDRESS		!
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		Charige Addition
NAME		5.2 NAME		
STREET ADDRESS		5 3 STREET ADORESS		
CITY-ST-ZIP	Library	5.4 CITY-ST-ZIP		Change Later
MLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		j
City-ST-ZIP	supplied with this filing does not qualify for	1ba exemption stated in 1	Section 119 07/3/(i) Florida Statutas I further cer	tify that the information
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 of 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/ o) on an attachment with an address.				

SIGNATURE: