

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000033202

1. Corporation Name

PHILLIPS TEAM, INC.

Principal Place of Business

9227 LONGFELLOW PLACE
APOPKA FL 32703

Mailing Address

P.O. BOX 3024
APOPKA FL 32703
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P04 Sweetwater

27 Suite, Apt. #, etc.

27 club Blvd.

28 City & State

28 Longwood, FL

29 Zip

29 32779

30 Country

30 Seminole

9. Name and Address of Current Registered Agent

PHILLIPS, GARY
9227 LONGFELLOW PLACE
APOPKA FL 32703

3. Date Incorporated or Qualified

04/12/1996

4. FEI Number

59-3375388

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Gary Phillips

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

P04 Sweetwater club Blvd.

83

84 City

Longwood

FL

85 Zip Code

32779

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Gary Phillips

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/8/99

12.

OFFICERS AND DIRECTORS

TITLE PVST
NAME PHILLIPS, GARY
STREET ADDRESS 9227 LONGFELLOW PLACE
CITY-ST-ZIP APOPKA FL

TITLE CD
NAME PHILLIPS, GARY
STREET ADDRESS 9227 LONGFELLOW PLACE
CITY-ST-ZIP APOPKA FL

TITLE D
NAME PHILLIPS, LINDA
STREET ADDRESS 9227 LONGFELLOW PLACE
CITY-ST-ZIP APOPKA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 0/c ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Gary Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90017 040 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)