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Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000037212 (3)

1. Corporation Name
MASON-PHILLIPS MANAGEMENT COMPANY

Principal Place of Business
472 OSCEOLA AVENUE
JACKSONVILLE BEACH FL 32250

Mailing Address
472 OSCEOLA AVENUE
JACKSONVILLE BEACH FL 32250-4082



3. Date Incorporated or Qualified 04/29/1996 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 62-1638655 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

BEYER, DAVID A
% RUDNICK & WOLFE
101 E. KENNEDY BLVD. #2000
TAMPA FL 33602

81 Name Charles E. Hartman
82 Street Address (P.O. Box Number is Not Acceptable) 472 Osceola Ave.
83
84 City Jacksonville Beach FL 85 Zip Code 32250

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 named with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Charles E. Hartman 1/24/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HARTMAN, CHARLES E	1.1 TITLE	
NAME	472 OSCEOLA AVE.	1.2 NAME	
STREET ADDRESS	JACKSONVILLE BEACH FL 32250	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D HARTMAN, AMANDA	2.1 TITLE	
NAME	472 OSCEOLA AVE.	2.2 NAME	
STREET ADDRESS	JACKSONVILLE BEACH FL 32250	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SHAW, BURRELL	3.1 TITLE	
NAME	472 OSCEOLA AVE.	3.2 NAME	
STREET ADDRESS	JACKSONVILLE BEACH FL 32250	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D SHAW, PAM	4.1 TITLE	
NAME	472 OSCEOLA AVE.	4.2 NAME	
STREET ADDRESS	JACKSONVILLE BEACH FL 32250	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Charles E. Hartman 1/24/97 904-270-1042
Signature typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (9/96)