SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000059152 (4)

FILED Jul 29 1997 8:00am Secretary of State

THE 2703 PHILLIPS CORPORATION	N 			
Principal Place of Business	Malling Address		. Industrate sin court deter dates dates and the first of	DIEM COEMS BEBAN BEREIN FEMALES
10110 SAN JOSE BLVD.	10110 SAN JOSE BLVD.			
JACKBONVILLE FL 32257	JACKSONVILLE FL 32257		DO NOT WRITE IN THIS	SPACE
				Date of Last Report
			07/15/1996	sulto of Eust Hoport
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 2703 Phillips Hwy.	26 2703 Phillips	Hwv.	59-3393 103	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 Jacksonville, Florida	28 Jacksonville,		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the cu	
24 25	29 30			Yes No
9, Name and Address of Current	t Hegistered Agent	B1 Name	10. Name and Address of New Registered	Agent
FORD, ROBERT A		Name		
10110 SAN JOSE BLVD.		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
JACKSONVILLE FL 32257		63		
		183		1
		84 City	P** 1	85 Zip Code
44 Durant to the provisions of Continue 607 0500	2 and CO7 1500 Florida Chat day I	<u> </u>	FL	_
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State	of Florida, Such change was author	ne above-named corporation	oration submits this statement for the purpose (ion's board of directors, I hereby accept the ap	pointment as registered
agent. I am familiar with, and accept the obliga	itions of, Section 607.0505, Florida	Statutes.		_
SIGNATURE Signature, typed or printed name of registered ager	Alott. Des	gistored Agent signature require	ed when reinstalling) DATE	
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE D	DELETE	1.1 TITLE D.	P. T. S	D DIBECTORS IN 12 Change Addition
NAME FORD, ROBERT A	<i></i>	12 NAME	en Recues 840 Nakema Drive West	/ ·
STREET ADDRESS 10110 SAN JOSE BLVD.	1	1.3 STREET ADDRESS 10	340 Nakema Drive West	F \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
CITY-ST-ZIP JACKSONVILLE FL 32257		1.4 CITY - ST - ZIP	Facksoniell , Horas 3223	57
TITLE	DELETE	2.1 TITLE	1	Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP	i de la companya de	2. 4 CITY-ST-ZIP		
TITLE		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 TITLE		☐ Change ☐ Addition
NAME	1	4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		Change Addition
NAME		52 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		<i>'</i>
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME	C) Section			En average En vicention 1
		62 NAME		U. O. C.
STREET ADDRESS	_			- Consider - Consider

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.