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**Feb 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000076119 (2)

**1. Corporation Name:
PHIPPS HOTELS, INC.**



Principal Place of Business: 3100 CAPITAL CIRCLE NE TALLAHASSEE FL 32308
Mailing Address: 3100 CAPITAL CIRCLE NE TALLAHASSEE FL 32308-3706

3. Date Incorporated or Qualified: 09/12/1996
3a. Date of Last Report:
4. FEI Number: 593400576
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business:
21. State: **22. City & State:** **23. Zip:** **24. Country:**
2a. Mailing Address:
26. Suite, Apt. #, etc.: **27. City & State:** **28. Zip:** **29. Country:**

**9. Name and Address of Current Registered Agent:
LANE, WILLIAM H
3100 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City: **84. State:** **FL** **85. Zip Code:**

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: _____ **DATE:** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE: PD	<input type="checkbox"/> DELETE
NAME: BOYLE, DENNIS O	
STREET ADDRESS: 3100 CAPITAL CIRCLE NE	
CITY-ST-ZIP: TALLAHASSEE FL 32308	
TITLE: VST	<input type="checkbox"/> DELETE
NAME: PHIPPS, JOHN E E	
STREET ADDRESS: 3100 CAPITAL CIRCLE NE	
CITY-ST-ZIP: TALLAHASSEE FL 32308	
TITLE: D	<input type="checkbox"/> DELETE
NAME: LANE, WILLIAM H	
STREET ADDRESS: 3100 CAPITAL CIRCLE NE	
CITY-ST-ZIP: TALLAHASSEE FL 32308	
TITLE: D	<input type="checkbox"/> DELETE
NAME: PHIPPS, JOHN T	
STREET ADDRESS: RT 9, BOX 190	
CITY-ST-ZIP: TALLAHASSEE FL 32303	
TITLE: D	<input type="checkbox"/> DELETE
NAME: PHIPPS, JEFFREY S	
STREET ADDRESS: PO BOX 14629 N/A	
CITY-ST-ZIP: TALLAHASSEE FL 32317-4629	
TITLE:	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	
1.3 STREET ADDRESS:	
1.4 CITY-ST-ZIP:	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
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 a 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: _____ **DATE:** 1/7/97 **DAYTIME PHONE #:** 904 297 4082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William N. Lane - VP

CR2E034 (9/96)