

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

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

02-08-1999 90032 004 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION
 ANNUAL REPORT
1999

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



DOCUMENT # P96000076119

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**

3. Date Incorporated or Qualified
09/12/1996

2. Principal Place of Business

21
 Suite, Apt. #, etc.

2a. Mailing Address

26
 Suite, Apt. #, etc.

4. FEI Number
59-3400576

Applied For
 Not Applicable

22
 City & State

27
 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23
 Zip Country

28
 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24
 Zip

25
 Country

29
 Zip

30
 Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**BOYLE, DENNIS O.
 3110 CAPITAL CIRCLE N.E.
 TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOYLE, DENNIS O	
STREET ADDRESS	3100 CAPITAL CIRCLE NE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	CD	<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	VST	<input type="checkbox"/> DELETE
NAME	WILDER, DAVID	
STREET ADDRESS	3110 CAPITAL CIRCLE N.E.	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Wilder
REQUIRED

1/20/99 850-277-6086
 Date Daytime Phone #

CR2E034 (11/98)