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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary State #
DIVISION OF CORPORATIONS

<u>1998</u>

DOCUMENT # P9700002424 (4)

H. PHILLIPS ENTERPRISES, INC.

FILED May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3711 TAMPA ROAD, STE, 105 3711 TAMPA ROAD, STE. 105 OLDSMAR FL 34877 OLDSMAR FL 34677 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 59: 342*06 18* Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible Yes 30 24 25 29 Personal Property Tax due June 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PHILLIPS, HARRY B 3711 TAMPA ROAD, STE. 105 82 Street Address (P.O. Box Number is Not Acceptable) **OLDSMAR FL 34677** 83 84 Zip Code City 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ___ Addition TITLE 1.1 TITLE PHILLIPS, HARRY B NAME 1.2 NAME 3711 TAMPA ROAD, STE. 105 STREET ADDRESS 1.3 STREET ADDRESS **OLDSMAR FL 34677** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change ☐ Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE ■ Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 THILE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIF DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP CITY-ST-ZIP 14. Thereby 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 trusted 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.