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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P9700046680** (9)

PHOENIX PRODUCTS SUB, INC.

## FILED Apr 08 1998 8:00am Secretary of State



| Principal Plac  | no of Rusinosa   | Mailing Address               |                 |               |  |
|---|--|-------------------------------|-----------------|---------------|--|
| Principal Place of Business Mailing Address 8619 WESTERN WAY 8619 WESTERN WAY       |  |                               |                 |               |  |
| 8619 WESTERN WAY   8619 WESTERN WAY   JACKSONVILLE FL 32256   JACKSONVILLE FL 32256 |  |                               |                 |               |  |
| ANONOMINEE 15 05500 ANONOMINEE 15 0550  |  |                               | v               |               | DO NOT WRITE IN THIS SPACE   |
| 1   |  |                               |                 |               | 3. Date Incorporated or Qualified  |
|   |  |                               |                 |               | 05/28/1997   |
| 2. Principal Place of Business 2a. Mailing Address                                  |  |                               |                 |               | 4. FEI Number Applied For  |
| 21 9250 Baymeadows Road 26 9250   |  |                               | Baymeadows Road |               | 4 59 - 3498506 Not Applicable  |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |  |                               |                 |               |  |
| 22 Ste 220 27 Ste 220 City & State City & State                                     |  |                               |                 |               | Fee Required   |
| 23 City & Star  | te   | City & State                  |                 | -             | 6. Election Campaign Financing \$5.00 May Be   |
| Zip   | Country  | <b>28</b> ] Zip               | Count           | rv.           | Trust Fund Contribution Added to Fees  |
| 24  | 25   | 29                            | 30              | u y           | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No   |
|   | 9. Name and Address of Current I                       |                               | 1301            |               | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent  |
| Al  | PPLEBY, CHARLES C                                      |                               | ė               | 1 Name        |  |
|   | 8619 WESTERN WAY                                       |                               |                 |               |  |
| JACKSONVILLE FL 32256   |  |                               |                 |               | Address (P.O. Box Number is Not Acceptable)  |
| 83  |  |                               |                 | 3             | 50 Baymeadows Road   |
|   |  |                               | _               | _Ste          | 220  |
| Ì   |  |                               | 8               | 4 City        | FL 85 Zip Code   |
| 11. Pursuant  | to the provisions of Sections 607 0502                 | and 607 1508 Florida Statuti  | es the ehr      | NA-Damer      |  |
| office or   | registered agent, or both, in the State of             | Florida Such change was a     | uthorized       | by the cor    | d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered  |
| l   | am tamalar with, and accept the obligation             | ons of, Section 607.0505, Fig | onda Statut     | es.           |  |
| SIGNATURE   | Signature, typed or printed name of registered agent i | and title if applicable (NOT) | F Registered A  | cant signatur | re required when reinstating) DATE   |
| 12.   | OFFICERS AND   |                               | 13.             | go a oig and  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE   | D  | ☐ DELETE                      | 1.1 TITLE       | :             | Change Addition  |
| NAME  | CRAWFORD, FELIX A                                      |                               | 1.2 NAM         | E             |  |
| STREET ADDRESS  | 6619 WESTERN WAY                                       |                               | 1.3 STRE        | ET ADDRESS    | 9250 Baymeadows Rd Ste 220   |
| CITY-ST-ZIP   | JACKSONVILLE FL 32256                                  |                               | 1.4 CITY        |               | ' '  |
| TITLE   | D  | ☐ DELETE                      | 2.1 TITLE       | _             | Change Addition  |
| NAME  | APPLEBY, CHARLES C                                     |                               | 2.2 NAM         |               |  |
| STREET ADDRESS  | 8619 WESTERN WAY                                       |                               | 2.3 STRE        | ET ADDRESS    | 9250 Baymendows Rd Stc 220   |
| CITY-ST-ZIP   | JACKSONVILLE FL 32256                                  |                               | 2. 4 CITY       | -ST-ZIP       | The support of the su |
| TITLE   |  | ☐ DELETE                      | 3.1 TITLE       |               | ☐ Change ☐ Addition  |
| NAME  |  |                               | 3.2 NAMI        | E             |  |
| STREET ADDRESS  |  |                               | 3.3 STRE        | ET ADDRESS    |  |
| CITY-ST-ZIP   |  |                               | 3.4. CITY       |               |  |
| †MLE  |  | DELETE                        | 4.1 TITLE       |               | ☐ Change ☐ Addition  |
| NAME  |  |                               | 4. 2 NAM        | E             |  |
| STREET ADDRESS  |  |                               | 4.3 STRE        | ET ADDRESS    |  |
| CITY-ST-ZIP   |  |                               | 4.4 City        |               |  |
| TITLE   |  | DELETE                        | 5.1 TITLE       |               | ☐ Change ☐ Addition  |
| NAME  |  |                               | 5.2 NAME        |               |  |
| STREET ADDRESS  |  |                               |                 | ET ADDRESS    |  |
| CITY-ST-ZIP   |  |                               | 5.4 CITY        |               |  |
| TITLE   |  | ☐ DELETE                      | 6.1 TITLE       |               | Change Addition  |
| NAME  |  |                               | 6.2 NAME        |               | The community of the control of the  |
| STREET ADDRESS  |  |                               |                 | ET ADDRESS    |  |
| CITY-ST-ZIP   |  |                               |                 |               |  |
|   | certify that the information supplied with             | this films along out of the   | 6.4 CITY        |               | ed in Section 110 07/2Vi) Florida Statutos I further padify that the information   |

4. 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.

SIGNATURE:

Last Santa

4-1-98

;R2E034 (10/97)