06281999-90006-048-$150.00-$150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

FILED
Jun 28, 1999 8:00 am
Secretary of State

06-28-1999 90006 048 ***150.00
08-05-1999 90010 001 ***400.00

DOCUMENT # P97000068817

1. Corporation Name
KEITH PRESTON PHILLIPS MANAGEMENT CO., INC.

Principal Place of Business	Mailing Address
123 WEST HIRTH RD #1603 FERNANDINA BCH FL 32034 US	123 WEST HIRTH RD #1603 FERNANDINA BCH FL 32034 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/07/1997

2. Principal Place of Business	2a. Mailing Address
21 1614 Pennsylvania Ave.	26 1400 Battleground Ave.
Suite, Apt. #, etc. 22 #2-G	Suite, Apt. #, etc. 27 Suite 164
City & State 23 Miami Beach, FL	City & State 28 Greensboro, NC
Zip / Country 24 33139 25 USA	Zip / Country 29 27408 30 USA

4. FEI Number: 58-2344379 ☐ Applied For ☐ Not Applicable

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 owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

O'MALLEY, ANDREW M
100 SOUTH ASHLEY DRIVE
SUITE 1190
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILLIPS, KEITH P 164 1400 BATTLEGROUND AVE. SUITE 203 GREENSBORO NC 27408	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Darren Lynn Hudgins 1614 Pennsylvania Ave. #2-G Miami Beach, FL 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRANFORD, JON 164 1400 BATTLEGROUND AVE. SUITE 203 GREENSBORO NC 27408	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZOTIN, EDWARD V 101 W FRIENDLY AVE STE 500 GREENSBORO NC 27420	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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] 6-24-99 336 274-1370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Keith P Phillips